



INTERNATIONAL SCHOOLS SERVICE PROJECT CAMPING HEALTH, CONSENT AND RELEASE FORM

FOR AREA DIRECTORS	
Area #	_____
Area Name	_____
Trip Leader/Area Dir.	_____
School Name	_____
Camp Dates	_____
Camper	<input type="checkbox"/>
Leader	<input type="checkbox"/>
A-Team	<input type="checkbox"/>
Summer Staff	<input type="checkbox"/>
Work Crew	<input type="checkbox"/>

This form is only good for travel to and from, and attendance at, this specific camp; it may not be used for any other camping trip. A new form must be completed for each Young Life Camp experience.

Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history;
2. Medical insurance information; and
3. Pregnant Teens: Pregnant teens up to 34 weeks and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release., and teen moms less than 6 weeks post delivery on camp date may not attend. *Pregnant teens over 34 weeks to full term are not allowed to attend camp.*

Please make a copy for your records. Camps are unable to fax or send copies to other camps.

			Email _____	
Name _____		Birthdate _____		Sex _____
<small>Last</small>	<small>First</small>	<small>Middle Initial</small>		
Issuing Country of Passport _____		Passport Number _____		Date of Expiry _____
Parent or Guardian (or spouse) _____			Cell Phone _____	
Home Address _____			Home Phone _____	
<small>Street Address</small>	<small>City</small>	<small>Country</small>	<small>Postal Code</small>	
Business Address _____			Phone _____	
Second Parent or Guardian Emergency Contact _____				
Home Address _____			Home Phone _____	
<small>Street Address</small>	<small>City</small>	<small>Country</small>	<small>Postal Code</small>	
Business Address _____			Phone _____	
<small>Street Address</small>	<small>City</small>	<small>Country</small>	<small>Postal Code</small>	
If not available in an emergency, notify: Name _____				
Home Address _____			Home Phone _____	
<small>Street Address</small>	<small>City</small>	<small>Country</small>	<small>Postal Code</small>	

ACCIDENT COVERAGE
I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of \$20,000 (\$4,000 for dental claims). Exception: if the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses. If you have questions, please contact Young Life Benefits and Insurance at (719) 381-1950.

My insurance company _____
Policy Number _____
Insurance company address _____

Not currently insured – Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

PROVIDE
Insurance
Information

A parent can complete the following health care recommendations.

In my opinion, the applicant's condition does does not preclude his/her participation in an active camp program.

The applicant is authorized to carry an inhaler, epi pen and other emergency medications with them at all times? Yes _____ No _____

Height _____ Weight _____ Blood Pressure if known _____

The applicant is under the care of a physician for the following condition(s) _____

Any treatment or medication to be continued at camp (specify dosages) _____

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (dates) _____

Explanation of any reported loss of consciousness, convulsion or concussion _____

Any allergies (food, drugs, plants, insects) _____

Any medically-prescribed meal plan or dietary restrictions _____

Any camp activities from which child should be excluded? _____

Name and phone of family physician _____

Name and phone of dentist/orthodontist _____

Name _____
Last First Middle Initial

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Record month and year of basic immunizations.			HEALTH HISTORY (Give approximate dates)			
DPT:	Diphtheria	1	1	_____ Frequent Ear Infections	_____ Chicken Pox	_____ Epilepsy
	Pertussis (Whooping Cough)	2	2	_____ Heart Defect/Disease	_____ Measles	_____ Mononucleosis
	Tetanus	3	3	_____ Diabetes	_____ German Measles	_____ Convulsions
TD:	Tetanus			_____ Bleeding/Clotting Disorder	_____ Mumps	_____ last 60 days
	Diphtheria			_____ Hypertension	_____ Hepatitis A	_____ Sickle Cell
	Oral Polio (Sabin) TOPV			_____ Currently Pregnant	_____ Hepatitis B	
	Injectable Polio (SALK)			_____ Has delivered baby	_____ Hepatitis C	
	MMR I & II (Measles, Mumps, Rubella)			in last 10 weeks		
	Other			Allergies/Asthma (Date not needed)		
	Tuberculin test given ____ (most recent)			_____ Hay Fever	_____ Penicillin	
	Haemophilus influenza b (HIB)			_____ Ivy Poisoning, etc.	_____ Other Drugs	
	Hepatitis B			_____ Insect Stings	_____ Asthma	
	Chicken Pox (New York camps only)			Other (specify)		

ALTERNATE TRANSPORTATION ARRANGEMENTS

The following people are allowed to pick my child up from camp _____

My child is allowed to take public transportation, bus, train to travel home by ones selves. Yes _____ No _____

The following people are NOT allowed to pick my child up from camp _____

Signature of parent/guardian _____ Date _____

← SIGN

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Young Life to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize camper to carry emergency medications and use as directed.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Camper may carry emergency medications and use as prescribed.

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Signature of parent or guardian or adult camper/staffer _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities as listed herein.

Signature of minor or adult camper/staffer _____ Date _____
(If camper is emancipated, proof must be provided prior to camp.)

← SIGN

← SIGN