younglife

CAMPING HEALTH, CONSENT AND RELEASE FORM

FOR AREA DIRECTORS
Area # _____
Area Name _____
Trip Leader/Area Dir _____
Camp Dates _____
❑ Camper ❑ Leader ❑ Assigned Team
❑ Summer Staff ❑ Work Crew ❑ Adult Guest

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.
This form is only good for travel and attendance at this specific camp. A new form must be completed for each Young Life Camp experience. MAKE A COPY FOR YOUR RECORDS. CAMPS MAY NOT SEND COPIES TO OTHER CAMPS.
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 & medical insurance information
2. Proof of physical examination, verified by physician's signature, required for ALL guests attending Beyond Malibu or camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Quaker Ridge, RMR, Trail West, or Wilderness Ranch).
3. Pregnant and Post-Delivery Teens: Pregnant teens and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. ***Teen moms less than 6 weeks post-delivery on camp date may not attend. Pregnant teens over 34 weeks are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.***
4. If completing this form for a camper/work crew attending a camp in the state of Colorado (Crooked Creek Ranch, Frontier Ranch, RMR Backcountry, Wilderness Ranch) and the attendee has been immunized, a state certificate of immunization must be attached to this form and presented at camp. Alternatively, a letter of exemption for religious reasons must be attached.

Name _____ (Last / First / Middle Initial) Birthdate _____ Gender ❑ Male ❑ Female Age _____

Parent/Guardian/Spouse _____ Email _____ Cell Phone (_____) _____

Home Address _____ (Street Address / City / State/Province / Zip) Home Phone (_____) _____

Work Address _____ (Street Address / City / State/Province / Zip) Work Phone (_____) _____

Second Parent/Guardian _____ Email _____ Cell Phone (_____) _____

Home Address _____ (Street Address / City / State/Province / Zip) Home Phone (_____) _____

Work Address _____ (Street Address / City / State/Province / Zip) Work Phone (_____) _____

If not available in an emergency, notify: _____ Cell Phone (_____) _____

Home Address _____ (Street Address / City / State/Province / Zip) Home Phone (_____) _____

Name of School Camper Attends _____

REQUIRED

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

REQUIRED

PHYSICIAN SIGN

Health Care Recommendations: This section must be completed by a physician, nurse practitioner, or physician's assistant for all individuals attending Beyond Malibu; all individuals attending camps located in CO or MN; or for a teen attending any Young Life camp who is pregnant or has given birth within 12 weeks of the camp date. Parent or adult applicant must complete this section if these conditions do not apply.

1. Has the applicant been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that could limit participation at camps with an altitude 7–14,000 feet? ❑ Yes ❑ No
   If yes, please explain the condition and expected treatments: _____
2. Does the applicant have any additional medical conditions, including those above in #1 which could limit participation in an active camp program regardless of the elevation? ❑ Yes ❑ No
   If yes, please explain the condition and expected treatments: _____
3. The applicant is authorized to carry an inhaler, epi pen and other emergency medications with them at all times? ❑ Yes ❑ No

PHYSICIAN'S SIGNATURE (CO, MN, Beyond Malibu, pregnant/post-delivery teens) (Must be obtained within the same calendar year as the camp trip.)

❑ I have examined the applicant within the past 12 months. Date examined _____ Height _____ Weight _____ Blood Pressure _____

Physician Signature X _____ Date _____ Print Name _____
May be signed by Physician, Nurse Practitioner, or Physician's Assistant

PHYSICIAN SIGN

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

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 camp activities from which applicant should be excluded _____

List any medication/treatment to be continued at camp (specify dosages) _____

Name of family physician _____ Phone (_____) _____

Name of dentist _____ Phone (_____) _____ Orthodontist _____ Phone (_____) _____

IMMUNIZATIONS

***** If completing this form for a camper/work crew attending a camp in the state of Colorado (Crooked Creek Ranch, Frontier Ranch, RMR Backcountry, Wilderness Ranch) and the attendee has been immunized, a state certificate of immunization must be attached to this form and presented at camp. Alternatively, a letter of exemption for religious reasons must be attached.

❑ Check and date any immunizations the applicant has received, or

❑ Applicant has not been immunized for:

❑ medical ❑ personal ❑ or religious reasons.

❑ DTaP (Diphtheria, Tetanus, & Pertussis) Date: _____

❑ TD (Tetanus and Diphtheria) Date: _____

❑ MMR (Measles, Mumps, Rubella) Date: _____

❑ Polio (OPV or IPV) Date: _____

❑ Hepatitis B Date: _____

❑ Varicella (Chicken Pox) Date: _____

❑ HIB (Haemophilus influenza B) Date: _____

❑ Other Date: _____

HEALTH HISTORY

Check if applicant has:

❑ Asthma

❑ Bleeding/Clotting Disorder

❑ Convulsions in last 60 days

❑ Diabetes

❑ Epilepsy

❑ Frequent Ear Infections

❑ Heart Defect/Disease

❑ Hypertension

❑ Sickle Cell

Has applicant had (include date):

❑ Chicken Pox _____

❑ Measles _____

❑ German Measles _____

❑ Mumps _____

❑ Hepatitis A _____

❑ Hepatitis B _____

❑ Hepatitis C _____

❑ Mononucleosis _____

❑ Currently Pregnant Due Date: _____

❑ Delivered baby in last 12 weeks Delivery Date: _____

ALLERGIES and DIETARY RESTRICTIONS (List any food, drug, plant, insect, or other allergies) *Note – This information will be shared with appropriate staff.*

❑None
❑Peanut Allergy
❑Tree Nut Allergy
❑Egg Allergy
❑Fish Allergy
❑ Shellfish Allergy
❑ Soy Allergy
❑ Milk Allergy
❑ Dairy Intolerance
❑ Gluten Intolerance
❑ Celiac Disease
❑ No Pork
❑ Vegetarian
❑ Vegan
❑ Other Allergies (Drugs, insects, plants, food, etc.) OR Dietary Restrictions – Describe below:

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are or are not authorized to pick up your child from camp? ❑ YES ❑ NO

If yes, the following people are allowed to pick my child up from camp _____

If yes, the following people are NOT allowed to pick my child up from camp _____

SIGN ► **Signature of parent/guardian: X** _____ **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 as outlined under the HIPAA regulations*; 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.

SIGN ► **Parent/Guardian/Adult Applicant Signature: X** _____ **Date** _____ ◄ SIGN

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.

SIGN ► **Parent/Guardian/Adult Applicant Signature: X** _____ **Date** _____ ◄ SIGN

**I have received, reviewed, and agree to the release of my health information as outlined in Young Life's "Notice of Privacy Practices" handout. Additional copies available at www.younglife.org.*

SIGN ► **Parent/Guardian/Adult Applicant Signature: X** _____ **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.

SIGN ► **Parent/Guardian/Adult Applicant X** _____ **Date** _____ ◄ SIGN

UNDER **COLORADO** LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

UNDER **ARIZONA** LAW, A SIGNED RELEASE ACKNOWLEDGES THAT THE PERSON IS AWARE OF THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES, IS WILLING AND ABLE TO ACCEPT FULL RESPONSIBILITIES FOR HIS OWN SAFETY AND WELFARE AND RELEASES THE EQUINE OWNER OR AGENT FROM LIABILITY UNLESS THE EQUINE OWNER OR AGENT IS GROSSLY NEGLIGENT OR COMMITS WILLFUL, WANTON OR INTENTIONAL ACTS OR OMISSIONS.

AS PROVIDED IN **VIRGINIA** CODE §3.2-6202 THE UNDERSIGNED ACKNOWLEDGES AND UNDERSTANDS THAT INHERENT RISKS MAY EXIST FOR PERSONS INVOLVED IN EQUINE ACTIVITIES DUE TO THE UNPREDICTABLE NATURE OF EQUINE'S REACTIONS TO THEIR ENVIRONMENT. SUCH RISKS MAY INCLUDE PERSONAL INJURY, HARM OR EVEN DEATH. THE UNDERSIGNED RELEASES THE EQUNIE OWNER AND/OR ACTIVITY SPONSOR FROM ANY AND ALL LIABILITY WHICH MIGHT RESULT FROM THIS ACTIVITY.

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.

SIGN ► **Parent/Guardian/Adult Applicant Signature X** _____ **Date** _____ ◄ SIGN

Applicant understands and agrees to abide with the restrictions placed on his/her camp activities as listed herein. Parent/Guardian may sign for minor, acknowledging their agreement.

SIGN ► **Parent/Guardian/Adult Applicant Signature X** _____ **Date** _____ ◄ SIGN

(If camper is emancipated, proof must be provided prior to camp.)