



CAMPING HEALTH, CONSENT AND RELEASE FORM

FOR AREA DIRECTORS
 Area # OR 188
 Area Name Willamette VL
 Trip Leader/Area Dir. _____
 School Name _____
 Camp Dates _____
 Camper Leader

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

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. Proof of physical examination, verified by Physician's signature, required for:
 - a) ALL teens attending Beyond Malibu or camps located in CO or MN: Crooked Creek, Frontier Ranch, Trail West, Wilderness Ranch, or Castaway.
 - b) Pregnant teens up to 34 weeks; and teens giving birth within 10 weeks of camp date with physician's release.
(Pregnant teens over 34 weeks to full term are not allowed to attend camp.)

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

Email _____

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial

Parent or Guardian (or spouse) _____ Cell Phone () _____

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

Business Address _____ Phone () _____

Second Parent or Guardian Emergency Contact _____

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

Business Address _____ Phone () _____
Street Address City State/Province Zip/Postal

If not available in an emergency, notify: Name _____

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

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 \$4,000 (\$1,000 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

Health Care Recommendations: A physician's signature must be on file at time of registration for teens attending Beyond Malibu, or camps located in CO or MN, or a pregnant teen up to 34 weeks or teen giving birth 10 weeks prior to camp (see above). A parent can complete the following health care recommendations if these conditions do not apply.

I have examined the applicant within the past 12 months. Date examined _____
 In my opinion, the applicant's condition does does not preclude his/her participation in an active camp program.

Licensed Physician's Signature _____ Date _____ Print Name _____
 Address _____ Phone () _____

Date of form completion _____ *By _____ (*Initial if completed by nurse or physician's assistant)

SIGN

Height _____ Weight _____ Blood Pressure _____

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

Current treatment (include current medications) _____

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

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically-prescribed meal plan or dietary restrictions _____

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

Any camp activities from which parents/guardians want child excluded? (CO and AZ camps have rigorous activities at elevations from 7-14,000 feet.) _____

Additional health information/Activities to be limited _____

