

## CAMPING HEALTH, CONSENT AND RELEASE FORM

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
- 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).
- 4. 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.

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Insurance company address							
☐ Not currently insured — Young Life r	eserves the right to subrog	ation if it is later deterr	nined that personal	medical insurance w	as in pla	ce.	
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FOR AREA DIRECTORS

Area # \_\_\_\_\_

Area Name \_\_\_\_\_

Trip Leader/Area Dir \_\_\_\_\_

Camp Dates \_\_\_\_\_

Camper □ Leader □ Assigned Team

□ Summer Staff □ Work Crew □ Adult Guest

ame of family physician			Phone ()		
ame of dentist	Phone ()	Orthodontist	Phone ()		
IMMUNIZATIONS		н	HEALTH HISTORY		
☐ Check and date any immunizations the applicant has received, or ☐ Applicant has not been immunized for: ☐ medical ☐ personal ☐ or religious reasons.		Check if applicant has:  ☐ Asthma ☐ Bleeding/Clotting Disorder	Has applicant had (include date):  Chicken Pox  Measles		
□ DTaP (Diphtheria, Tetanus, & □ TD (Tetanus and Diphtheria) □ MMR (Measles, Mumps, Rube □ Polio (OPV or IPV) □ Hepatitis B □ Varicella (Chicken Pox) □ HIB (Haemophilus influenza B) □ Other	Date:	□ Epilepsy □ Frequent Ear Infections □ Heart Defect/Disease □ Hypertension □ Sickle Cell □ Currently Pregnant	German Measles  Mumps Hepatitis A Hepatitis B Hepatitis C Mononucleosis  Due Date: Delivery Date:		
LLERGIES (List any food, drug, p	plant, insect, or other allergies)				
If yes, the following people ar Signature of parent/guardian	e NOT allowed to pick my child up fi	camp rom camp			
AUTHORIZATION FOR TREATM This health history is correct to the bes personnel selected by the camp direct regulations*; and to provide or arrang- secure or administer emergency medi- physician or dentist to call in any nece given to encourage those persons who	<b>MENT</b> It of my knowledge, and the person herein nor to order X-rays, routine tests, treatment; to enecessary related transportation for me ocal treatment, including hospitalization and assary consultants in his/her discretion. It is	named has permission to engage in all camp activities extormaintain and/or release any medical records necessary my child. In an emergency, I hereby give permission a any other emergency medical procedures which may be understood that this consent is given in advance of any I said physician or dentist to exercise their best judgment	cept as noted. I hereby give permission to the medical y for insurance purposes as outlined under the HIPAA and authorize the physician selected by Young Life to needed for the person named herein. I authorize the specific diagnosis or treatment being required, and is		
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