

Medical Consent Form

In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home Christian Conference Center does NOT provide medical or hospital insurance coverage.

Status: _____ Camper _____ CCA _____ Counselor _____ KP

Name of Church Group _____

Area of Camp: ___ Indian Village ___ Adventure Mountain ___ Creekside
___ Lakeview ___ Forest Center

Dates of Camp: _____

Name: _____

Age _____ D.O.B. _____ Sex _____

Social Security # _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Day Time Phone () _____

Evening Phone () _____

Mobile Phone () _____

Emergency Contact _____

Relationship to Camper _____

Telephone () _____

Do you carry family medical /hospital insurance? ___ Y or ___ N

Insurance Carrier _____

Policy # _____

Name of responsible Party _____

Address _____

Phone _____

Relationship to camper _____

Name of Family Physician _____

Phone _____

Date of last Tetanus Shot _____

Are all immunizations up to date? _____

If no, please attach explanation.

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If your child has Chronic Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES! If a child with special needs appears on Forest Home grounds without written authorization, the group or party may be asked to return the child to his/her home.

List all medical conditions physical, emotional, behavioral disorders and learning disabilities.

Please List ALL Allergies:

Drug Allergies _____

Food Allergies _____

Diet Restrictions _____

Prescription Medications Camper will require while at camp and reason for taking the medicine

All prescriptions, over-the-counter medications, vitamins, and herbal products are collected and administered by First Aid Staff and MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid /Health Care Agents assigned by Forest Home to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a Camper with greater health care needs than the First Aid/Health Care Team can provide within their individual certifications, licenses and Scopes of Practice. I authorize those agents to arrange or provide any necessary related transportation to the nearest medical facility for Urgent or Emergency medical treatment if indicated, and I do assume all responsibility for payment. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Forest Home Christian Conference Center to secure and administer any and all medical treatment deemed necessary, including hospitalization, for the person named herein. This completed form may be photocopied for trips away from the center.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child while attending this program: acetaminophen, ibuprofen, aspirin, decongestant, antihistamine, cough suppressant and/or expectorant, throat lozenges or analgesic spray, motion sickness medication, anti-nausea, antidiarrheal, antacid, antibiotic ointment, anti-itch cream, hydrocortisone cream, burn cream, petroleum jelly, chapped lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____

I understand that these are stocked and dispensed by the First Aid team free of charge as needed for the comfort of my child. I have read and understand this entire form and by signing below agree to the terms herein.

Also, I release and forever discharge the camp and each and every one of its officers, directors, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "released parties") from all causes of actions, suits, claims, demands, or any other damages or costs associated with actions taken by the released parties relative to the health, sickness, and treatment of my minor child. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future sickness, and treatment of my minor child and the released parties. I represent and acknowledge that I have read and understand this agreement.