

YFCAMP @ TIMBER WOLF LAKE - HEALTH, CONSENT AND RELEASE FORM

NOTE TO THE PARENTS/GUARDIANS/GUESTS

Young Life and YOUTH FOR CHRIST/USA, INC. want 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

Name _____ Birthdate _____ Age _____ Sex _____
Last First M.I.

Parent or Guardian (or spouse) _____ Cell Phone _____

Home Address _____ Home Phone _____
Street Address City State Zip

Second Parent or Guardian Emergency Contact _____

Home Address _____ Phone _____
Street Address City State Zip

If not available in an emergency, notify: Name _____

Home Address _____ Phone _____
Street Address City State Zip

Health History (Give approximate dates)	Diseases	Allergies (Date not needed)
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Diabetes	_____ German Measles	_____ Insect Stings
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Penicillin
_____ Hypertension	_____ Hepatitis A	_____ Other Drugs
_____ Mononucleosis	_____ Hepatitis B	_____ Asthma
_____ Convulsions/Epilepsy	_____ Hepatitis C	_____ Other (Specify) _____
		_____ Currently Pregnant
		_____ Has delivered baby in last 10 weeks

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (send with instructions) _____

Other diseases _____

Name of family physician _____

Name of dentist/orthodontist _____

Special health and behavioral considerations _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Please record the date (month and year) of basic immunizations and most recent booster shot.

Vaccines	Year of Basic Immunization	Year of Booster
Diphtheria	1	1
DPT: Pertussis (Whooping Cough)	2	2
Tetanus	3	3
Tetanus		
TD: Diphtheria		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard Measles, Red Measles, Rubeola)		
Other		
Tuberculin test given _____ (Most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		

HEALTH CARE INFORMATION / RECOMMENDATIONS & RESTRICTIONS WHILE AT CAMP:

Height _____ Weight _____ Blood Pressure _____

Does the applicant have epilepsy? Yes No

Does the applicant have diabetes? Yes No

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 _____

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) _____

Activities to be limited _____

Additional health information _____

ACCIDENT COVERAGE I understand that my personal insurance will be primary coverage for camper accidents and that YOUTH FOR CHRIST/USA, INC.'s insurance is secondary up to a maximum of \$25,000 (\$750 for dental claims). YOUTH FOR CHRIST/USA, INC. will coordinate payments for deductibles and co-pays. YOUTH FOR CHRIST/USA, INC.'s policy does not cover camper illnesses. If you have questions, please contact YOUTH FOR CHRIST/USA, INC. Risk Management Department at (303) 843-6790.

My insurance company _____ Policy Number _____

Insurance company address _____

Not Currently Insured –YOUTH FOR CHRIST/USA, INC. reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Youth For Christ Insurance: Carrier – Virginia Surety Policy # - HTP97087

***Important Billing Address Information** – The Youth For Christ Chapter that brought this camper to Timber Wolf will be responsible for filing this claim. Please list the address for the appropriate YFC Chapter as the billing address. Contact the YFC/USA, INC. Risk Management Department with any questions (303) 843-6790.

***This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.**

AUTHORIZATION FOR TREATMENT: 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 the event I cannot be reached in an emergency, I hereby give permission to the licensed medical provider selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

**Young Life is compliant with the Health Insurance Portability and Accountability Act (or HIPAA).*

**I have received, reviewed, and agree to the release of my health information as outlined in Young Life's [Notice of Privacy Practices](#)*

As my attendance at a Young Life camp is a privilege, I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at camp,, in consideration of this privilege. I recognize and understand that 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. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

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.

It is also understood that illegal or immoral activities may result in the camper being sent home at the parent's expense. (These activities would include but not be limited to the possessions and/or use of drugs and alcohol, sex outside of the marriage relationship, stealing, etc.)

I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes, 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.

Persons authorized to pick up child other than parent or guardian _____

Signature of parent or guardian or adult camper/staffer _____

I verify that all statements above are true and correct and I have legal custody and guardianship of the above mentioned child (if under 18). I have read and understand this Release prior to signing it and I am aware that by signing this Release I am waiving certain legal rights I/my child may have against Young Life.

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

Signature of minor or adult camper/staffer _____ Date _____

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

Printed name of minor or adult camper/staffer _____ Date _____

YOUTH FOR CHRIST/USA, INC. – PARENTAL CONSENT AND RELEASE OF LIABILITY

1. Release of Liability.

I understand that the opportunity to attend YOUTH FOR CHRIST/USA, INC. activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC. including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. Authorization for Medical Treatment.

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR CHRIST/USA, INC. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all YOUTH FOR CHRIST/USA, INC. activities.

3. Media Release.

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

4. Behavioral Agreement

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. will make every effort to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

Participant Signature _____ **Parent or Legal Guardian Signature** _____ **Date** _____