

2010 HEALTH INFORMATION FORM



Camper's Name: _____
Birthdate: _____ Age: _____ Male Female
Home Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Day Phone: (____) _____ Eve Phone: (____) _____
Camper's Physician: _____ Phone: (____) _____ Camper's S.S. # _____
Name of Camper's Insurance: _____ Policy/Group # _____

If you are not available in an emergency, whom should we notify?

Name/Relationship: _____ Day Phone: (____) _____ Eve Phone: (____) _____

Current Health Status

Are all required immunizations up to date? Yes No Date Tetanus given (required): _____

Does the camper have any current health condition which requires special treatment or restrictions? Yes No

If yes, explain: _____

Does the camper have any *contagious conditions? Yes No

If yes, explain: _____

**Notification is required prior to attendance in the event of any contagious conditions not listed on this form (e.g. illness contacted after application has been processed, including head lice).*

Allergies (Please indicate any allergies your camper has and explain reaction) No known allergies

Medication(s) _____

Environmental (including bee stings) _____

Does the camper have any dietary restrictions/allergies? (all food served is lacto-ovo vegetarian) Yes No

If yes, explain: _____

Health History (Please check any conditions your camper has or has had and give the approximate date of onset) None

Asthma _____ Depression _____ Freq. Ear Infections _____ Bleeding Disorder _____ ADD/ADHD _____ Convulsions _____

Heart Defect _____ Migraines _____ Diabetes _____ Females: Have started menstruating _____

Major surgery/illness _____ Other _____

If there is any other information you feel the health care staff should be aware of, please list below or on a separate page.

Medications NONE

For campers with medications, list **all** medications to be taken at camp (including inhalers and non-prescription medications) on the Medication Administration form. Medications brought to camp must be in the original prescription packaging and dispensed by camp health personnel. ALL medication, including over-the-counter meds, must be turned in to camp health personnel at registration.

The following **over-the-counter medications** will be available while your child is at camp if necessary or requested. These medications will be administered under the direction of the camp nurse. Dosages will be as listed on labels and generic equivalents will be used if available. Please check YES if you approve your child using, or NO if you do not wish the medication to be used, for each medication:

- | | | | |
|--------------------------|--|--------------------------|--|
| YES | NO | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> Tylenol (for minor aches/pains, fever) | <input type="checkbox"/> | <input type="checkbox"/> Benadryl (for congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> Advil (for minor aches/pains, cramps) | <input type="checkbox"/> | <input type="checkbox"/> Robitussin (for cough) |
| <input type="checkbox"/> | <input type="checkbox"/> Tums (for upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> Immodium (for diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> Maalox (for upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> Charcoal caps (for diarrhea, upset stomach) |

Recent Physical Verification

I have completed a physical exam on this camper within the past 24 months. This camper does not have chronic conditions that will be adversely impacted by the closest hospital being one hour away. I am aware that most camp activities are outdoors, require moderate to high energy and will result in significant dust/pollen/sun exposure. Based upon that exam he/she may participate in summer camp activities:

- without restriction
 with the following restrictions _____

Date _____ Signed _____

(Signature of Camper's Healthcare provider)

CAMPER'S NAME _____ BIRTHDATE _____

Campers can be accepted *only* with this completed form

**LEONI MEADOWS 2010
MEDICAL CONSENT, RELEASE AND ASSUMPTION OF RISK AGREEMENT FORM**

MEDICAL RELEASE: Permission is granted for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered under the general or specific instruction of camper's physician or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of camper's physician, at a licensed hospital, urgent care facility, or at the camp. Parent(s), of course, will be contacted. It is further understood that this consent is given to authorize Leoni Meadows or the physician to exercise his/her best judgement as to the requirement of such diagnosis or treatment. I also give permission to the nurse/doctor to give over-the-counter medications as listed on reverse side including but not limited to, pain medication, cold and flu medication unless otherwise noted. This consent shall remain in continuous effect until revoked in writing or said minor is removed by the parent or guardian from the care of Leoni Meadows Camp. I hereby authorize any hospital or physician or any other person who has attended or examined said minor to furnish the camp's insurance company or its representative any and all information on treatment, and copies of all hospital or medical records. A Photostatic copy of this authorization shall be as valid as the original. I understand that if for any reason applicant has to leave camp, either for medical reasons or otherwise, I shall be responsible to immediately pick up camper from Leoni Meadows Camp. If my child has additional medical/health needs, I have included the specific information on a separate piece of paper.

CAMP ACTIVITIES: Leoni Meadows Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California Corporation, (hereinafter referred to as the "Church Entities") offer a wide variety of camp activities, sometimes including, but not limited to, hiking, horseback riding, rock climbing, rappelling, sports, athletics, lake aquatics, biking, mountain biking, water-skiing, white water rafting, swimming and ropes course.

INHERENT RISKS: The Church Entities strive to make all camp programs safe. However, as in any strenuous activity, these activities have inherent risks and may result in serious injury or death. Some of these inherent risks may include: The failure of equipment used in these activities; the propensity of an animal to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; the potential of a participant, employee or agent to act in a negligent manner that may contribute to injury to the participant or others, such as failing to perform a task adequately, failing to maintain control over an animal or not acting within his or her ability; certain hazards such as surface and subsurface conditions; Natural Disasters, such an earth movement, weather conditions; collisions with other objects or animals.

ACCEPTANCE OF RISKS: As parent/guardian, I realize that any camp activity has inherent risks associated with the performance of those activities. I understand that the church entities take time to teach safe techniques, including the proper use and limitations of each piece of equipment. I should only consent for my child's participation after I have read the description of the programs in the camp brochure. If I have any questions, I will contact the camp director before giving consent. I am voluntarily giving permission as the parent/guardian of the named camper, to participate in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

ACTIVITY RELEASE: As consideration for being permitted by the Church Entities or one of their affiliated organizations to participate in the above activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Church Entities, or their owners, employees, officers, directors, members, agents and all affiliates and parent organizations of said entities. Further, I agree to release from liability, indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from the named camper's participation in any camp activity. I further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies inequity of whatever kind, including negligence of said organizations. I understand "said organizations" includes their agents and employees. I have read this entire agreement and fully understand it. I also acknowledge that I have read the camp brochure including its description of the above listed programs.

PHOTO/MEDIA RELEASE: This certifies that I, as the Parent/Guardian of the said camper, hereby grant permission to Leoni Meadows Camp Administration to use materials (including, but not limited to, slides, video recordings, sound recording, photographs, and movie film) which has been, is now, or will be taken, recorded, or produced at Leoni Meadows during the camping season for the purpose of advertising, news articles, visual aids, web site, or otherwise.

STATEMENT OF AGREEMENT: I have carefully read these agreements and fully understand their contents. I am aware that these are releases of liability and contracts between myself and Leoni Meadows Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California corporation and/or their affiliated organizations and sign it of my own free will. As parent/guardian of the above named camper, I release Leoni Meadows Summer Camp, and Church Entities from liability in case of accident or illness. I, as the Parent/Guardian of said camper, hereby give my consent for said camper under 18 years of age for whom I am responsible, and whose name and birthdate is listed above, to attend camp. I have read the above releases and assumption of risk agreements and photo release and agree to be bound by them.

Signature _____ Date _____
Parent (Circle one as applicable) Guardian

Print Parent/Guardian Name _____