

MEDICAL INFORMATION FORM (Please Complete Both Sides)
NO ONE WILL BE ADMITTED WITHOUT THIS FORM

2010

Parent/Guardian Section (Please Print)

CAMPER'S NAME _____ Camp Session _____ Dates _____
Last First Initial

Parent/Guardian _____ Street Address _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Emergency Contact Name _____ Phone (____) _____ Relationship _____

M ____ F ____ Birth Date _____ Physician _____ Phone (____) _____

PARTICIPANT'S HEALTH HISTORY: Please check:

Asthma* ____ Yes ____ No **ADD/ADHD** ____ Yes ____ No **Headaches** ____ Yes ____ No

Heart Defect/Disease* ____ Yes ____ No **Head Lice (Recent)** ____ Yes ____ No **Fainting** ____ Yes ____ No

Seizures* ____ Yes ____ No **Bed Wetting** ____ Yes ____ No **Ear Infections** ____ Yes ____ No

Diabetes* ____ Yes ____ No **Sleepwalking** ____ Yes ____ No **Under Dr.s Care*** ____ Yes ____ No

Recent Hospitalization* ____ Yes ____ No **Tuberculosis** ____ Yes ____ No **Other (Explain below)** ____ Yes ____ No

Note: If "Yes" for any BOLD items above, a Doctor's written authorization is required prior to attending camp. (Form on back.)

Childhood Diseases: _____

Childhood Immunizations (give type and approximate date): _____

Date of last Tetanus injection: _____ Date of last Physical Exam: _____

List all reactions to any medications: _____

Any food allergies or other allergies? _____

List any recent operations or injuries which would be helpful to camp Medical staff: _____

Any recent illnesses (past two months)? _____

List any medications being sent to camp (**all medications must be in original container.**) _____

Is there any special medical or dietary care needed? _____

Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. _____

Insurance Information

Medical Insurance Carrier _____ Policy or Group # _____

THE FOLLOWING MUST BE COMPLETED

Unless this form is signed by a parent or guardian, the Camp cannot get emergency help for your child in case of injury. This technical wording is required by State Law. Thank you for your cooperation.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parents of _____, a minor, having legal custody of said minor and having entrusted said minor into the care of the agent(s) hereinafter named, do hereby authorize Galilee Episcopal Camp and Conference Center, Inc. as agent(s) for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such examination, diagnosis, treatment or hospital care which the aforementioned physician may advise.

The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church in the Diocese of Nevada, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance or mis-performance of any examination, anesthetic, diagnosis, treatment or hospital care performed as a result of or following any consent or purported consent by said agent(s) hereunder.

This authorization shall remain effective through _____ unless sooner revoked in writing delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Dated: _____ Signed _____

PHYSICIAN'S SECTION

Required if a camper has a history of Asthma, Heart defect/disease, Seizures, Diabetes, has been recently hospitalized or is currently under a Doctor's care.

Physician – please note. Because of the camper's medical history, we have asked for your written authorization prior to the campers attendance. The program consists of a variety of active activities, including moderate hiking, games and activities in the forest, at an elevation of up to 8000 feet. Your careful consideration is appreciated.

Remarks

Check: **Nose** _____ **Throat** _____ **Heart** _____
 Skin _____ **Hernia** _____ **Abdomen** _____
 Ears _____

Date of last Tetanus Booster _____

Are there any restrictions in any of the physical programs (swimming, hiking, kayaking, games, etc.?)

I have examined the applicant for entrance to Camp Galilee and find the camper physically qualified to be accepted as a camper and to enter into all camp activities, except as noted.

Signed _____ Date _____

Physician's Name _____ Phone (____) _____

Camper and Parent/Guardian Section

Parent's Authorization

I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for the minor to participate in the Camping Program at Camp Galilee. I have read the description of the program in the camp brochure and session letter. I understand that the program includes such activities as long hikes, sleeping outside, kayaking, and team building. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Galilee Episcopal Camp and Conference Center or the Episcopal Diocese of Nevada liable for any injuries incurred during the program whether caused by equipment or acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Galilee or its employees or agents.

Signature of Parent/Guardian _____ **Date** _____

Marketing Authorization

I give permission for photographs and video footage of my child to be used by the camp for promotional purposes.

Signature of Parent/Guardian _____ **Date** _____

Transportation Authorization

Camp Galilee provides off-camp nature experiences for the campers and staff in the local mountains. We ask that you grant permission for these short van trips in the local area.

I give permission for Camp Galilee to transport my child.

Signature of Parent/Guardian _____ **Date** _____

Camper Agreement

I have read the letter for my session at Camp Galilee and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, respect the property of Camp Galilee, other campers, and the camp counselors. I understand that failure to live up to this agreement might result in my early dismissal from Camp Galilee without a refund.

Camper's Signature _____ **Date** _____