

GALILEE MEDICAL INFORMATION FORM 2021

FORM FOR FAMILY CAMPER MINOR ATTENDING WITH A NON-FAMILY MEMBER

All forms are due to Galilee by June 31 for summer 2021 programs. Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413. Scanned copies can be emailed to registrar@galileetahoe.org.

Parent/Guardian Section (Please Print) Today's Date _____

CAMPER'S NAME _____ M _____ F _____ Birth Date _____
Last First Initial

Camp Session _____ Dates _____ Parent/Guardian _____
Street Address _____ City _____ State _____ Zip _____
Cell Phone (____) _____ Physician _____ Phone (____) _____
Attending Camp With _____ Relationship _____

Any recent illnesses, including COVID-19? _____
Please check if any of these dietary preferences apply: Vegetarian? _____ Vegan? _____ Lactose Free? _____ Gluten Free? _____
Any food allergies? For each food listed, please specify the severity of reaction (mild discomfort, extreme discomfort, or life-threatening), and whether the food can be present in the dining hall as long as it is not ingested by the camper, or whether the food must not be served in the dining hall. _____

List any allergic reactions to any medications: _____

List any medications being sent to camp (Over-the-counter as well as prescription. **All medications must be in original containers.**): _____

Any special medical care needed? _____
Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

Medical Insurance Carrier _____ Policy or Group # _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I)(We), the undersigned, parent(s) 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 may be advised by the aforementioned physician(s).

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, emergency transportation, 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 12/31/21 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.

Date: _____ Parent/Guardian Signature: _____ Name (please print): _____

Physician's Authorization to Attend Camp Galilee – 2021

Name of patient: _____ Camp Session: _____ Dates: _____

This section required if a camper is currently under a Doctor's care or has a history of Asthma, Heart defect/disease, Seizures, Diabetes, or recent hospitalization.

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Scanned copies can be emailed to Registrar@GalileeTahoe.org

Physician – please note: because of the camper's medical history, we have asked for your written authorization prior to the camper's attendance. The program consists of a variety of active activities, including moderate hiking and games, as well as 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 _____ **Other** _____

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 (____) _____