

2010 Camp Heritage Medical Consent and Release Form

Camper's Guardian and Emergency Contact Information

Camper's Name _____ D.O.B. _____ Gender: Male Female
Legal Guardian(s) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Day Time Phone _____
Emergency Contact _____ Relationship _____
Phone _____ Day Time Phone _____

Camper's Health Record and Medical Information

Camper's Physician _____ Phone _____
Health Care Provider _____ Phone _____
Health Card # _____ Group # _____
Does Camper have any medical restrictions? Yes No. If so, explain _____
Does Camper have any activity restrictions? Yes No. If so, explain _____

Camper's Medical History/Allergies

<input type="checkbox"/> Sore Throats	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Drugs	Remedy:
<input type="checkbox"/> Dietary restrictions	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Asthma	<input type="checkbox"/> Food	<input type="checkbox"/> Nurse administered
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting	<input type="checkbox"/> Plants	<input type="checkbox"/> Self Care
<input type="checkbox"/> Psychological needs	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Animals	
<input type="checkbox"/> Upset Stomach	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Bee/Insect stings		Dietary Information: <input type="checkbox"/> Vegan
Other _____		Other _____		

Camper's Medication

Is camper currently taking medications? Yes No Date of last Tetanus shot _____
If so, explain _____
Medication Name: _____ Dosage: _____

Camper's Medical and Liability Release

The undersigned parent or legal guardian (the "Guardian") of the camper identified in this application (the "Camper") hereby consents to, and approves, such Camper's participation in all camping, sporting and recreational activities available at Camp Heritage, including but not limited to rock-climbing, horseback riding, water skiing, canoeing, gymnastics, and "Super Launcher." Guardian also hereby confirms that Guardian understands that activities such as rock-climbing and horseback riding are considered HAZARDOUS, and that other activities such as water skiing, canoeing, and "Super Launcher" are considered HIGH RISK. Guardian hereby releases and discharges Camp Heritage and the Iowa-Missouri Conference of Seventh-day Adventists (the "Conference"), and each of their officers, directors and employees, from any and all liability arising out of or related to any personal injury to Camper, or damage to any property of Camper or Guardian, resulting in whole or in part from Camper's attendance at Camp Heritage or Camper's participation in any activity while attending Camp Heritage, including, without limitation, any such personal injury or property damage that results, in whole or in part, from the negligence of agents and/or employees of Camp Heritage or the Conference. Guardian hereby agrees, on behalf of Camper, that Camper will abide by all regulations and policies of Camp Heritage.

Guardian hereby further grants permission to the management of Camp Heritage and any physician selected by it to secure for or provide to Camper any and all hospital services, medical treatment and/or medications that such persons may consider reasonably necessary for Camper, including injections, routine tests, anesthesia, x-ray, surgery, prescription medications and any related transportation of Camper. Guardian also agrees to be financially responsible for all such expenses in regard thereto.

Guardian further acknowledges that, although Camper is covered by camper accident insurance, such insurance does not cover illnesses, prescription medications, correctional lenses, correctional appliances or any other medical equipment. Guardian hereby agrees that Guardian is and shall be responsible for all medical expenses incurred as a result of non-camp-related illnesses suffered by Camper during Camper's attendance at Camp Heritage, and that any lost, broken or stolen personal belongings of Camper are the responsibility of Guardian.

Guardian further acknowledges that any medical treatment, medical equipment or correctional appliances needed by Camper are to be reported in writing by Guardian to the Camp Heritage nurse in order to ensure that proper care is given to Camper by the Camp Heritage staff during Camper's stay. Guardian further acknowledges that all prescriptions for Camper are to be in their original pharmacy containers, and are to be provided to the camp nurse or van driver, with instructions as to when and how any such medication is to be dispensed. Guardian further agrees that Camper may be photographed and/or videotaped by or on behalf of Camp Heritage during Camper's stay at Camp Heritage, and Guardian hereby grants to Camp Heritage and/or the Conference Guardian's permission, on behalf of Camper, to use any such photographs and/or videotapes in any future promotional and/or advertising publications, and Guardian further releases Camp Heritage and/or the Conference from any and all liability in connection with such use. Guardian further acknowledges that the medical portion of the on-line registration form is to be completed prior to Camper's arrival at Camp Heritage. Remember to bring a copy of insurance card front and back and copy of current immunization records.

Parent/Guardian Signature: **X** _____ Date _____

DON'T FORGET:

Medical Insurance Card
(copy of front and back)

Shot Records
(current copy)