Health History, Release of Liability and Consent to Medical Care Agreement

Developed based on information supplied by: The American Camping Association, Inc., The American Medical Association and The American Academy of Pediatrics

RETURN TO: (At least one month prior to beginning of camp.)	Eagle Lake Camp Camp Forms PO Box 6819 Colorado Springs, CO 80934

The information on this form is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by a parent/guardian of the minor participant. Update required annually.

Release of Liability and Consent to Medical care must be signed by both parents/guardians of the minor participant listed below.

Participant Name____________________ Birth Date________ Gender: ☐ Male ☐ Female
Last First Middle Initial

Home Address ____________________ Home Phone ________
Street Address City State Zip Code *Area/Number*

Custodial parent/guardian____________________ Cell Phone________
Area/Number

Home Address ____________________
(If different from above) Street Address City State Zip Code

Business Address ____________________ Phone ________
Street Address City State/Zip *Area/Number*

Second parent/guardian____________________ Cell Phone________

Home Address ____________________ Work Phone ________
(If different from above) Street Address City State Zip Code *Area/Number*

If not available in an emergency, notify (non-parent contact): ____________________

Relationship ____________________ Phone ________
Area/ Number

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate plan name____________________ Group #________

Claims Address____________________

Insurance Carrier's Name ________ Date of Birth________ Social Security#________

► **Photocopy of front and back of health insurance card must be attached to this form.**

Important Information – Please Read Carefully

1. **All pages** of this medical form must be fully completed with **signatures** and **returned** to Eagle Lake **one month** prior to the beginning of camp.
2. Camper must have had a **tetanus immunization within the previous 10 years**.
3. Camper must have had a **physical within previous 24 months** of camp dates. This must be **signed by a physician**, physician assistant, or nurse practitioner. If you are unable to secure an appointment before camp, you may substitute another physical exam report such as a sports or school physical. However, the substituted report must be signed by a physician, physician assistant, or nurse practitioner.
4. All **prescription medication** must be in the **original pharmacy container** labeled with the **child's name**, the **name of the drug**, and **instructions** for administration. It is illegal for our health office to dispense medication from improperly labeled containers.
5. Individuals with a **preexisting** medical condition or illness (especially a **contagious illness**) **cannot be admitted** and will be sent home as soon as possible at parental expense. Any registration payment made to the camp will not be refunded.

*** **If all of these requirements are not met, the health officer may refuse the camper admittance at registration.**

General Questions (Explain "yes" answers on following page)

Has/does the participant:

	Question	Yes	No
1.	Had any recent injury, illness or infectious disease?	☐	☐
2.	Have a chronic or recurring illness/condition?	☐	☐
3.	Ever had surgery?	☐	☐
4.	Have frequent headaches?	☐	☐
5.	Have frequent ear infections?	☐	☐
6.	Ever been knocked unconscious?	☐	☐
7.	Ever had a head injury?	☐	☐
8.	Wear glasses, contacts or protective eye wear	☐	☐
9.	Ever passed out during or after exercise?	☐	☐
10.	Ever had seizures?	☐	☐
11.	Ever had high blood pressure?	☐	☐
12.	Ever been diagnosed with a heart murmur?	☐	☐
13.	Have a heart disease/defect?	☐	☐
14.	Ever had back problems?	☐	☐
15.	Ever had problems with joints (e.g. knees, ankles)?	☐	☐
16.	Have an orthodontic appliance being brought to camp?	☐	☐
17.	Have diabetes?	☐	☐
18.	Have asthma?	☐	☐
19.	Had mononucleosis in the past 12 months?	☐	☐
20.	Have problems with sleep walking?	☐	☐
21.	Have a history bed-wetting?	☐	☐
22.	Ever had an eating disorder?	☐	☐
23.	If female, have an abnormal menstrual history?	☐	☐
24.	Ever had emotional difficulties for which professional help was sought?	☐	☐

Please explain any "yes" answers on previous page, noting the number of the questions.

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Immunization Record

Which of the following has the participant had?

- ☐ Measles
- ☐ Chicken pox
- ☐ German measles
- ☐ Mumps
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C

TB Mantoux Test

Date of last test ____________

Result: ☐ Positive ☐ Negative

Please give all dates of immunization for (**or attached copy of immunization record card**):

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	____	____	____	____	____
TD (tetanus/diphtheria)	____	____	____	____	____
Tetanus	____	____	____	____	____
Polio	____	____	____	____	
MMR	____	____			
or Measles	____	____			
or Mumps	____	____			
or Rubella	____	____			
Haemophilus influenza B	____	____	____		
Hepatitis B	____	____	____		
Varicella (chicken pox)	____	____			

Name of family physician______________________ Phone______________

Address______________________________

Name of family dentist/orthodontist______________________ Phone______________

Address______________________________

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records.

Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES. List all know.

Medication allergies (list)

Describe reaction and management of the reaction.

______________ ______________________________

______________ ______________________________

______________ ______________________________

Food allergies (list) – please contact the Eagle Lake office if your camper is in need of a specific food regimen because of a medical condition. We want and need to have a clear understanding of the individual's dietary needs.

______________ ______________________________

______________ ______________________________

______________ ______________________________

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

______________ ______________________________

______________ ______________________________

______________ ______________________________

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs and vitamins) that are taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes **NO** medications on a routine basis.

☐ This person takes medications as follows:

Med #1____________________Dosage__________Specific time taken each day____________________

Reason for taking____

Med #2____________________Dosage__________Specific time taken each day____________________

Reason for taking____

Med #3____________________Dosage__________Specific time taken each day____________________

Reason For taking____

Attach additional pages for more medications.
Identify any medications taken during the school year that participant does/may not take during the summer:____________________

____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

☐ Does not eat red meat
☐ Does not eat pork
☐ Does not eat eggs
☐ Does not eat poultry
☐ Does not eat seafood
☐ Does not eat dairy products

☐ Other (describe)____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)____________________

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.

RELEASE OF LIABILITY AND
CONSENT TO MEDICAL CARE AGREEMENT

THIS RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE AGREEMENT (the "Agreement") INCLUDES A WAIVER AND RELEASE OF LIABILITY AND A CONSENT TO MEDICAL CARE AND, BY SIGNING THIS DOCUMENT, I AM AGREEING FOR MYSELF AND FOR EACH MINOR CHILD IDENTIFIED BELOW TO RELEASE OTHERS FROM LIABILITY.

The Navigators, a Colorado nonprofit religious corporation (the "Organization"), sponsors Eagle Lake Camps (the "Program"), a program that combines the camping experience with Biblical truth for young people. During the Program, the Minor Participant(s) (identified below) may have the opportunity to participate in certain activities, including, but not limited to, archery, riflery, water activities (swimming, water slides, Blobbing, boating/rafting, kayaking/canoeing), outdoor living skills, overnight camping, ropes courses, rock climbing, rappelling, backpacking, hiking, biking, horseback riding, Zip Line, crew responsibilities related to camp service and maintenance and other strenuous activities requiring physical exertion (collectively, the "Activities").

Participation in the Program and the Activities is a privilege, and this Agreement, completed and signed by each Minor Participant's parent(s) and/or legal guardian(s) having authority to sign this document (each such person shall be referred to herein as an "Undersigned Person"), is a condition to participation by the Minor Participant(s). By signing below, the Undersigned Person authorizes the Minor Participant(s) to participate in the Program and the Activities and consents to the terms and conditions of this Agreement, and agrees with all provisions of this Agreement.

1. **Activities; Assumption of Risk:** The Undersigned Person understands and agrees that the Minor Participant's participation in the Program and the Activities, including transportation to and from the Activities, is entered into voluntarily by the Minor Participant(s) and the Undersigned Person. Participation in the Activities may require the Minor Participant(s) to assist, and depend on the assistance of, other participants within an assigned group. Although not desiring to discourage participation, the Organization intends to make each Undersigned Person aware that participation in the Program and the Activities exposes the Minor Participant(s) to certain risks, including, by way of example, risk of injury and death arising from slips and falls due to terrain conditions, high altitude, exposure to adverse weather conditions and wildlife, fire, defects in facilities and equipment, and negligence by staff and other participants in the Program and Activities, without immediate availability of medical attention; in addition, the Program and Activities take place in mountains and remote wilderness areas in which rescue may take several hours or even days, depending on the weather, terrain, and other circumstances. The Undersigned Person recognizes that the Minor Participant's participation in the Program, the Activities, and related transportation involves risk of an accident and serious personal injury and illness, paralysis and permanent disability, and even possibly death of the Minor Participant(s), as well as property damage, economic loss, medical and other expenses, pain and suffering, and other intangible loss, for the Minor Participant, the Undersigned Person, and other parents, guardians, heirs, and family members. The Undersigned Person expressly assumes, for such Undersigned Person and the Minor Participant(s), all risks of participating in the Program and the Activities, whether those risks are inherent in the Activities or not, or are now known or unknown, or are predictable or unpredictable.

2. **Release and Indemnification of Claims of Minor Participant and Undersigned Person(s):** In consideration for the privilege granted to the Minor Participant(s) to participate in the Program and Activities, the Undersigned Person, for such Undersigned Person, and for and on behalf of each Minor Participant, and for such Undersigned Person's and each Minor Participant's heirs, parents, family and estate, executors, administrators, assigns, and personal representatives, hereby releases and agrees to indemnify and hold harmless the Organization, and the Organization's and its related organizations' affiliates, directors, officers, employees, volunteers, contractors, agents, representatives and successors and assigns (the "Released Parties") of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities made against or incurred by the Released Parties or any of them with respect to any and all property damage, economic loss, medical and other expense, disability, personal injury or illness whether physical or mental in nature, and/or death, and including all claims derivative of such claims, whether caused by negligence or otherwise, arising from each Minor Participant's participation in the Program and Activities, including all claims of each Minor Participant and all claims of each Undersigned Person. This Release and Indemnification is intended to have only the scope and effect permitted by applicable law, including CRS §13-22-107.

3. **Permission of Use for Promotional Purposes:** In consideration for the privilege granted to the Minor Participant(s) to participate in the Program and Activities, the Undersigned Person consents and gives permission to the Organization to use the name, likeness, voice, and biographical information of the Minor Participant(s) for any purpose whatsoever, without compensation, including without limitation to publicize and/or promote the Program and Activities in photographs, printed literature, video recordings, sound recordings, websites, and any other medium that now exists or may exist in the future.

4. **Miscellaneous:** In the event that any clause or provision of this document is adjudicated to be invalid or unenforceable for any reason, such clause or provision shall be severed or modified to the extent necessary to make this Agreement valid and enforceable consistent with the document's intent to provide a broad and inclusive release of claims, and if such clause or provision is so severed or modified, the remainder of this Agreement shall continue unabated in full force and effect. This document shall be governed by and interpreted and construed according to Colorado law. This document is intended to be as broad and inclusive as permitted under applicable law.

5. **Secondary Insurance:** The Organization provides supplemental medical insurance for each Minor Participant at no additional cost. This secondary insurance may pay for expenses related to injuries or emergency illnesses incurred by the Minor Participant, while at camp or traveling to/from camp, that are in excess of your personal health insurance. Policy exclusions and coverage limits apply. Expenses must be submitted to the Undersigned Person's primary health insurance carrier first, then filed with the Organization's supplemental insurance provider (a $25 deductible applies). Claim forms and contact information will be provided as needed.

CONSENT TO MEDICAL CARE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. Consent to Medical Care. In the event that the Minor Participant named below (the "Minor") is injured or becomes ill, and I/we cannot be reached to give consent, I/we, the undersigned parents/guardians of the Minor, authorize The Navigators and its employees, volunteers, agents and representatives (collectively "the Organization"), to obtain or consent to, on behalf of the Minor, medical care (including, by way of example, first-responders medical treatment; X-Ray examinations; anesthetic, dental, medical or diagnosis and treatment; and hospital care) deemed necessary or advisable by the Organization.

   In addition, any medical provider is authorized to surrender physical custody of the Minor to the Organization. I/we agree to fully pay all costs of medical and dental care, and emergency transportation and treatment, incurred on behalf of the Minor by the Organization.

2. Consent to Disclosure of Protected Health Information. I/we authorize any medical provider that provides treatment to the Minor to provide protected health information to the Organization concerning the Minor's condition and treatment for the purposes of facilitating their consent to treatment as authorized herein, release of the Minor from medical care and follow-up care and treatment as necessary, and to provide information that the Organization can communicate to the parent/legal guardian. This Consent is intended to authorize the disclosure of protected health information concerning the Minor under the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 164, subpart A, for the purposes stated herein.

   By signing this Consent, I release the Organization and its directors, faculty, staff, nurses, agents, employees and volunteers, and successors and assigns, of and from any and all claims, suits, losses, damages, causes of action or other liabilities related to obtaining or consenting to medical care for the Minor and obtaining protected health information pursuant to this Consent.

   This Medical Consent is effective until August 31, 2011, unless sooner revoked in writing by the undersigned and delivered to the Organization. Each undersigned parent/legal guardian agrees that: this Consent is entered into voluntarily; this Consent can be revoked in writing at any time, except to the extent that action has already been taken to comply with it; revocation is not effective unless a copy is provided by the undersigned to the Organization; the Consent may be used and reused to obtain records for as long as this Consent remains valid; no payment, treatment, or eligibility for medical or insurance benefits was conditioned on signing this Consent; and a copy or facsimile of this Consent can be used with the same effectiveness as the original.

By signing below, I acknowledge that I have carefully read this Agreement in its entirety including the Release of Liability and Indemnification and the Consent to Medical Care, understand it, and sign it voluntarily, on my behalf and on behalf of the Minor Participant(s). I authorize the Minor Participant(s) to participate in the Program and Activities, such participation to be subject to each provision of this document including the Release of Liability and Indemnification of paragraph 2. I attest that I am over eighteen (18) years of age and am not a minor in my state of residence, and am the parent or legal guardian of the Minor Participant(s) identified below, with authority under law to sign and enter into this Agreement for myself and for each Minor Participant(s) listed below, who is under the age of eighteen (18) or otherwise a minor in his or her state of residence. If more than one Minor Participant is identified below, all provisions of this Agreement apply to each of the Minor Participants listed.

Parent/Guardian Signatures

Signature:______________________________ Signature: ______________________________

Date:______________________________ Date: ______________________________

Printed Name:______________________________ Printed Name: ______________________________

Minor Participant's Information:

______________________________ ______________________________

Minor Participant's Name Date of Birth

IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM,
THE FOLLOWING MUST ALSO BE SIGNED:

I hereby certify that this Release of Liability and Consent to Medical Care Agreement was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the Minor Participant(s) and/or decisions concerning documents such as this one due to death or other incapacity of the other parent or because of a court order; **or** (ii) I have made a good faith effort to obtain the signature from the second parent/guardian, but have not been able to do so due to reasons beyond my control.

Printed Name and Signature: ______________________________ Date: ____________________