

YOUTH REGISTRATION FOR OFF-SITE MINISTRIES



In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp ____/____/____ - ____/____/____ Name of Church / Group _____
 Please check camper status: Camper Volunteer Grade: (For summer camps, indicate grade in Fall) _____
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____

Thank you for selecting Forest Home for your child's camping experience. During their time at camp their photo may be taken which may be used on our website or used in materials to promote Forest Home. If you rather not have your child's photo taken while with Forest Home, please check here:

Also, we stay in touch with our alumni, campers and guests via print material and emails. If you do not wish to receive Forest Home updates, please check here:

MEDICAL CONSENT FORM *REQUIRED MEDICAL INFORMATION:*

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? YES NO
 Insurance Carrier _____ Policy # _____
 Name of Responsible Party _____
 Address _____ Phone (_____) _____ Relationship to Camper _____
 Name of Family Physician _____ Phone (_____) _____
 Name of Family Dentist/Orthodontist _____ Phone (_____) _____
 Has Camper been recently exposed (within last 3 weeks) to any kind of communicable disease? _____

If your child has **ANY medical, emotional, behavioral, physical** condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Disorder, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or requires injections of any kind, a **SPECIAL NEEDS PROCEDURE FORM or SPECIAL MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM must be submitted AT LEAST 2 WEEKS PRIOR TO CAMP DATES.** If a child with special needs comes to camp without proactive communication, Forest Home may not be able to care for his/her needs. The child may be asked to return home.

List all medical conditions: physical, emotional, behavioral disorders, and learning disabilities. _____

Please List ALL Allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine: _____

IMMUNIZATIONS: *Please fill in the immunization information below or attach a recent copy of your child's immunization record.*

- Are all immunizations up to date: YES NO
- Polio (OPV or IPV) Date: _____
- DTP/DTap/DT/TD (Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diptheria only) Date: _____
- MMR (Measles, Mumps, Rubella) Date: _____
- Hepatitis B Date: _____
- Varicella (Chicken Pox) Date: _____

PERSONAL BELIEFS AFFIDAVIT
 I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Parent Signature: _____
 Date: _____



PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK >>>

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child *MUST* be in *ORIGINAL* containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, cough drops, antacid, antibiotic ointment, hydrocortisone cream, burn cream, band aid wash, antiseptic skin and wound cleansers, electrolyte replacement fluids, with the exception of _____ . I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and website. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your camper is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian _____ **Date** _____

GENERAL HEALTH HISTORY: REQUIRED: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:	YES	NO		YES	NO
1. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	11. Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had surgery	<input type="checkbox"/>	<input type="checkbox"/>	12. Passed out/had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have recurrent/chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	13. Had mononucleosis ("mono") during the past 12months? ...	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a recent infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. If female, have problems with periods/menstruation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back/joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have a history of bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
8. Had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Wear glasses, contacts, or protective eye wear? ...	<input type="checkbox"/>	<input type="checkbox"/>	20. Traveled outside the country in the past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.
