



www.foresthome.org

GUEST GROUP PACKET: YOUTH

To submit **PRIOR** to arrival:

1. **LIABILITY INSURANCE:** All groups are required to provide Forest Home with a copy of your organizations' "CERTIFICATE OF LIABILITY INSURANCE" indicating coverages listed. It must also list Forest Home as additionally insured during the dates of your retreat.
2. **VOLUNTARY DISCLOSURE FORMS:** (Required if individuals under the age of 18 will be attending without their parent/guardian). The State of California requires that all camps like ours verify that all adults who attend youth events be background checked, at a minimum, through the public National Sex Offender database. If all of your adults have already been background checked by your organization then this requirement can be met with a waiver form otherwise all of your adults will need to fill out and submit this form.
3. **SCHEDULE:** We have provided an outline of set meal times and recreation options. Please keep these times in mind as you create a schedule for your weekend. Please send me a copy once you have it put together, I'd love to see your plans!

To submit **UPON** arrival:

4. **MEDICAL CONSENT FORMS:** (Youth & Adult) The State of California requires that we have this form completed by every guest on the property. Please print as many copies as you need for your group so that you can turn them in to me at check-in.
5. **HEALTH SCREENING FORMS:** A brief health screening process to be completed within 24 hours of your arrival, details of how you can complete the forms before arrival OR upon arrival are included in the attachment.
6. **ROSTER & FORMS CHECKLIST:** This allows Forest Home Staff to know who is on grounds and which forms have been completed for each individual. Please use this as a resource prior to arrival to keep track of all paperwork, and please turn this in to me at your check-in time.



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All groups are required to provide Forest Home with
a copy of your organizations'

CERTIFICATE OF LIABILITY INSURANCE

This includes:

- ☐ \$1,000,000 for General Liability
- ☐ \$1,000,000 for Auto Insurance
(Only required if you have current coverage in this category)
- ☐ \$1,000,000 for Sexual Misconduct
(Only required if you have current coverage in this category)
- ☐ Proof of Insurance for Worker's Comp
(Only required if paid staff of organization will attend Forest Home)
- ☐ Please list Forest Home as additionally insured during the dates of your retreat.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOF AGG \$
		<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ADD: \$
		<input type="checkbox"/> EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Forest Home is additionally insured for the dates of (your retreat dates).

CERTIFICATE HOLDER

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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Voluntary Disclosure Forms

Forest Home has a long-standing commitment to being on the leading edge of ensuring a safe environment for our guests. Recently, the State of California has taken the same initiative to ensure the same outcomes. All organized camps, like Forest Home, are now required to perform background checks on any adult who may reasonably have unsupervised contact with a minor (counselor, staff person, director, volunteer, etc.)

It is strongly recommended that your church or organization take the same precautions to perform backgrounds on you staff, counselors, volunteers, etc. who may have unsupervised contact with minors if you have not already done so. Under State law, organization are not permitted to share background check information which means that Forest Home must perform independent checks beyond yours. As a result, we have attached a Voluntary Disclosure Statement which MUST be filled out and submitted for every adult fitting the above description prior to arrival.

Thank you for partnering with us to ensure the safest possible environment for the young people in our mutual care.

****Please complete one Voluntary Disclosure Statement for each person that you will be bringing within a leadership or counselor capacity and return it to Forest Home NO LATER than one week prior to your date of arrival. If you have any change in leadership after the forms have been submitted, please notify Forest Home immediately of any changes and submit new Voluntary Disclosure Statements with new leader information.****



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Guest Leader/Counselor Voluntary Disclosure Statement

Today's Date _____

Church/Organization Name _____

Dates Attending Forest Home _____

Basic Information

This information is collected for the use of background checks only

Name _____
Last First Middle

Other names by which known (e.g., maiden name) _____

Birth Date _____ Social Security # _____

Driver's License # _____ State _____ Expiration Date _____

Home Address _____
Street Address City State Zip

Primary Phone _____ Secondary Phone _____

E-mail Address (optional) _____

School or College (if applicable) _____

School or College Address _____
Street Address City State Zip

History

Previous residence (s) for last five years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet if necessary)

1. Have you ever been arrested and/or charged with a crime? (this includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

☐ Yes ☐ No If yes, please explain. (Use a separate sheet if necessary)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

☐ Yes ☐ No If yes, please explain. (Use a separate sheet if necessary)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- | | |
|---|--|
| • Indecent assault and battery on a child under fourteen | <input type="radio"/> Yes <input type="radio"/> No |
| • Indecent assault and battery on a mentally retarded person | <input type="radio"/> Yes <input type="radio"/> No |
| • Indecent assault and battery on a person who has obtained the age of fourteen | <input type="radio"/> Yes <input type="radio"/> No |
| • Rape | <input type="radio"/> Yes <input type="radio"/> No |
| • Rape of a child under sixteen with force | <input type="radio"/> Yes <input type="radio"/> No |
| • Assault with intent to commit rape | <input type="radio"/> Yes <input type="radio"/> No |
| • Kidnapping of a child under sixteen with intent to commit rape | <input type="radio"/> Yes <input type="radio"/> No |
| • Distribution and trafficking of narcotics or other controlled substances | <input type="radio"/> Yes <input type="radio"/> No |
| • Intent to commit any of the above crimes | <input type="radio"/> Yes <input type="radio"/> No |

If yes to any of the above, please explain. (Use a separate sheet if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

☐ Yes ☐ No If yes, please explain. (Use a separate sheet if necessary)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

☐ Yes ☐ No If yes, please explain. (Use a separate sheet if necessary)

6. Have your parental rights even been terminated for reason involving sexual or physical abuse of children?

☐ Yes ☐ No If yes, please explain. (Use a separate sheet if necessary)

I understand that:

- Forest Home may deny involvement as a guest counselor to any person who answers "yes" to any one of question 2-7. If Forest Home later discovers circumstances that would indicate a "yes" answer to any of the above questions, involvement as a guest counselor may be terminated immediately.
- The information provided on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers. (A separate release form may be required.)
- Forest Home may terminate guest counselor involvement of any person if that person is found, regardless of when discovered, to: 1) have a history of complaints of abuse of a minor; or 2) been asked to resign from a position whether paid or unpaid, due to complaint (s) of sexual abuse of a minor; 3) and/or have falsified or omitted information in this disclosure statement.
- This disclosure statement must be updated yearly and immediate notification provided to Forest Home if any information provided changes.

Signature

Date

Signature of Minor's Parent or Guardian

Date

IMPORTANT FIRST AID MESSAGE TO YOUTH PASTORS & PARENTS!!



We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Cardiac Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Physical Handicaps | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Requires An Injection Of Any Kind | | |

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the **Youth Registration & Medical Consent Form**. If no box is checked only the **Youth Registration & Medical Consent Form** is required.*

2. Please read the “Sending Medications to Camp” page.

3. If your child is a type I Diabetic you must send the following items for your child to attend camp:

1. M.D. orders on Special Needs Form & Signature
2. Glucagon Pen (*No exceptions)
3. Insulin/syringes
4. Glucogel or Glucose tabs
5. Glucometer/Strips/lancets
6. Parent’s written consent if child is to self-administer their injections & signature on Special Medical Needs Form.

4. If your child requires any special medical treatment to attend camp, the **Special Medical Needs form will need to be completed and signed by you and your child’s MD. In addition, please call Forest Home at 909-389-2300 and ask for the First Aid Supervisor to insure we can meet the needs of your child **BEFORE** sending them to camp.**

5. We do not give allergy or growth hormone injections at camp.

Please read/review Sending Medications to Camp as it tells you specifically how to send each type of medication that your child may need to take during their time at camp.

SENDING MEDICATIONS TO CAMP



Dear Parents,

In an effort to help manage your child's medication needs at camp we are supply you with Forest Home First Aid Department requirements regarding distribution of medication in a clear and concise manner. We hope this helps you understand how medications must be sent to camp. If you have any questions, please contact Paula Buchanan, First Aid Supervisor at 909-389-4326 or firstaid@foresthomes.org. We appreciate your collaboration in our efforts to maintain a safe delivery of all camper medications.

Over the Counter Medication: This includes vitamins, supplements, herbals, cough drops, & pain medication.	Medication must be in the ORIGINAL store bought container with dosing on original label. The dosing on bottle is our guide. DO NOT write on the label.	Your doctor can write a different dosing and we can follow that order. Otherwise the bottle dose MUST be used. Your child's age must be within the bottles age/direction. We cannot use a parent note for altered amounts.
Prescription Medication: Pills, liquids, powders, & creams that are swallowed or applied.	Medication must be in the ORIGINAL container with pharmacy label, which includes child's name and dosing instructions. DO NOT write on the label.	If your child's dose is different from the written label you MUST get a Doctor's order for the correct dose. We cannot use a parent note to change a Doctor's order.
Prescription Medication: Injections – insulin & epi pens <i>Please note that we do not administer growth hormones or allergy shots</i>	Medication must be in the ORIGINAL container (vial) with pharmacy label, which includes child's name and dosing instructions. DO NOT write on the label.	Injections require a Special Needs Procedure Authorization Form be filled out and signed by your Doctor. Specify the allergy if it is for an epi pen. Your child can carry their epi pen but we must still have the label at camp.
Prescription Medication: Inhalers & Nebulizers	Medication must be in ORIGINAL container with pharmacy label (on the box), which includes child's name and dosing instructions. DO NOT write on the label.	If your child's dose is different from the written label, you MUST get a Doctor's order for the correct dose. We cannot take a parent note to change a Doctor's order. Your child can carry their inhaler but we must still have the label at camp.

NOT ACCEPTABLE MEDICATIONS:

- Baggies with loose pills
- Sunday-Saturday containers with pills
- Inhalers & epi pens without a label
- Any prescription medications without the pharmacy labels*

**Your pharmacy can print you a label if you have misplaced one.*

YOUTH REGISTRATION

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 ☐ CCA ☐ Counselor Grade: (For summer camps, indicate grade in Fall) _____

Campcenter: ☐ The Village ☐ Adventure Mountain ☐ Creekside ☐ Lakeview ☐ Forest Center ☐ Ojai Valley

Parent/Guardian Name(s) _____ Day Time Phone (_____) _____

Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____

Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____

Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

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 at 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 CHRONIC** 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 MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES**. If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her 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.*

1. Are all immunizations up to date: ☐ **YES** ☐ **NO**

2. Polio (OPV or IPV) Date: _____

3. DTP/DTap/DT/TD (Diphtheria, Tetanus and

Acellular Pertussis or Tetanus and Diphtheria only) Date: _____

4. MMR (Measles, Mumps, Rubella) Date: _____

5. Hepatitis B Date: _____

6. 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, decongestants, antihistamines, cough suppressant, throat lozenges or spray, anti-diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, glucose, laxatives, 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. 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 checked="" type="checkbox"/>	16. Ever had back/joint problems?	<input checked="" 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.



BOTH PAGES MUST BE COMPLETED BEFORE COMING TO CAMP!

SPECIAL MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM

(For camper's with chronic medical needs requiring First Aid staff intervention)

Child's Name: _____ Date of Birth: _____ / _____ / _____

Illness/ Condition: _____

Camp (circle): Indian Village Adventure Mountain Creekside Lakeview Forest Center Ojai Valley Dates attending: _____

Church Group Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

• • • • • The following portion to be completed by camper's physician / M.D. • • • • •

Specialized Health Care Treatment / Procedure required while at Camp

(Specify dosage, time, route, duration if medication)

Special Restrictions / Recommendations _____

Clinician's Signature: _____

Date: _____

Clinician's Phone: _____

Fax: _____

Office Stamp

• • • • • The following portion to be completed by camper's parent. • • • • •

☐ I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

☐ I authorize my child to self administer their injectable or inhalation

Parents Signature: _____ Date: _____

Please turn form over and initial and sign all areas.

If you have completed this form your next step is to call the Camp First Aid Supervisor@ (909)389-4326

Mill Creek Fax # (909)389-2221 Ojai Valley Fax # (805)715-6061

Special Medical Needs Procedure Authorization Form (Side 2)

1. REQUEST FOR PERMISSION

I recognize that Forest Home because of its terrain, altitude and program involvement, is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend a Forest Home Conference. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial _____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial _____

3. RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Initial _____

Check One:

☐ I have personally inspected Forest Home, and recognize it is not designed for, nor intended to provide a camp experience for those with special needs. I realize and assume the risks and dangers to myself or the said individual involved in participation in its camp activities.

☐ Recognizing that Forest Home is not designed for, nor intended to provide a camp experience for those with special needs, we hereby decline our right to inspect the Forest Home property.

Signature _____

Date _____



ADULT REGISTRATION

In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending Forest Home. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.



Name: _____ Age: _____ D.O.B. _____ Gender: _____ Ht: _____ Wt: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Dates of Camp: _____ Name of Church Group: _____
Phone Number: (____) _____ Status: _____ Camper _____ Counselor _____
Area of Camp: ☐ The Village ☐ Adventure Mountain ☐ Creekside ☐ Lakeview ☐ Forest Center ☐ Ojai Valley
Emergency Contact: _____ Relationship to Camper: _____ Phone Number: (____) _____

Thank you for selecting Forest Home for your special time away. During your time at camp your photo may be taken which may be used on our website or used in materials to promote Forest Home. Also we stay in touch with our alumni campers and guests via print material and emails. If you rather not have your photo taken while at Forest Home, please check here: ☐

If you do not wish to receive Forest Home updates, please check here: ☐ **Blessings and may your time with us be full of remarkable memories.**

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

☐ **I DECLINE TO GIVE INFORMATION.**

Has/does the camper:

- | | |
|---|--|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 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. |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

MEDICAL CONSENT FORM REQUESTED MEDICAL INFORMATION (optional):

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

☐ **I DECLINE TO GIVE INFORMATION.**

Do you carry family medical/hospital insurance? ☐ YES ☐ NO Insurance Carrier: _____

Name of Responsible Party: _____ Policy #: _____

Address: _____ Phone: (____) _____ Relationship to Camper: _____

Name of Family Physician: _____ Phone: (____) _____

Name of Family Dentist: _____ Phone: (____) _____

Date of last Tetanus Shot: _____ Are all immunizations up to date? ☐ YES ☐ NO----->If no, please attach explanation.

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

Please List **ALL** Allergies: Drug: _____ Insect/Plant: _____

Food: _____ Diet Restrictions: _____

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

PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK >>

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 in accordance with ACA standard HW-1 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 me, 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: analgesics, decongestants, antihistamines, cough suppressant, throat lozenges or spray, anti-diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, glucose, laxatives, 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 me. I authorize Forest Home, Inc. to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, 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 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. 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 _____ **Date** _____



www.foresthome.org

Attention Guest Group Leaders: New Health Screening Process

Dear Group Leader,

In an effort to provide the highest quality experience at Forest Home, we have implemented a health screening process that is in accordance with the American Camping Association and The California Health Code. According to new State regulation for facilities like ours, ALL members in your group will need to participate in a brief health screening process within 24 hours of the beginning of your event.

Each group can either perform the Health Screening process prior to arrival or medical staff from Forest Home can lead you through the process upon your arrival. It is highly recommended that the health Screening process be completed prior to your arrival for multiple reasons. First, it will speed up your process at check in. Second, it will allow you to identify any potentially ill campers prior to your departure and have them stay home, which is the best way to minimize exposure to other students and leaders.

If you choose to perform the Health Screening process prior to your arrival at Forest Home, the **Health Screening Form** as well as the **Proof of Licensure Form** must be filled out completely. A qualified medical professional is limited to either a licensed MD, RN, LVN, or one who is certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Each registered guest (**including leaders**) must be named and listed on a Health Screening Form and screened. The Proof of Licensure Form must be completed by that person doing the screening. If they are not a health care professional please fill in the top portion and check the box at bottom, sign and date as written. Retain copies for your records and originals must be submitted to Forest Home.

If you are unable to complete the forms prior to your arrival, you can do the Health Screening process within 24 hours at Forest Home. These papers will be requested upon arrival and check in. This process is thorough and may take some time so please be prepared to work it into your arrival schedule.

Forest Home greatly appreciates your cooperation in this matter and we are committed to teaming with you in order to make this process seamless and as quick as possible. If you have any questions or concerns, please feel free to contact Paula Buchan at First Aid.

Sincerely,

Paula Buchan RN
First Aid Supervisor
1 Peter 4:10
909-389-4326



Health Screening Proof of Licensure

Dear Medical Professional/Group Leader,

The Health screening process should be completed by one of the following, a licensed MD, RN, LVN, or one who is a certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Please provide the information below and attach a copy of your current certification or license. This form must be submitted along with the Health Screening Forms for each registered guest. **If you did not do the screening under supervision of a qualified person, the group leader needs to mark and sign the bottom of the form.** Thank you!

Name _____

Street Address _____

City _____ State _____ Zip code _____

Phone () - Email _____

Signature _____ Date _____

_____ **Attach a Copy of your License or Certification Below** _____

Our health screening was not performed under the supervision of a qualified health professional according to the above list. A Forest Home qualified staff member will review our Health screening upon our arrival at camp.

Group Name _____

Group Leader Signature _____

CAMPER/COUNSELOR ROSTER & HEALTH SCREENING

Counselors: We really need your help completing this form on the night of your arrival. Please read all the directions on this page and follow them completely. Thank you!



Counselor Name: _____ Church Group: _____

Camp Center: _____ Dates: _____

Cabin Unit Number (Be sure to include Cabin Unit Letter): _____

1. Please **write the name of every counselor & camper** in your cabin on a line below.
2. **Ask all campers the questions below**, numbers 1-5. If the answer to any of this questions in “YES” simply circle the number of the question or observation (1-12) in the box next to the camper’s marked “**Screening Notes.**”
3. Be sure to **include yourself and any other counselors** on this form.

Health Questions to Ask Each Camper:

1. Do you Feel sick or ill?
2. Do you have a sore throat?
3. Do you have any medicine- including prescription, over-the-counter medication, vitamins, lozenges, eye drops, sprays and medical lotions or ointments (other than bug spray, non-prescription lotion for dry skin and sunscreen)- that did not get turned in at check-in?
4. Have you been exposed to anyone who was found to have head lice in the past two weeks?
5. Have you been exposed to anyone who is sick/ill with a contagious illness in the past two weeks?

Observations - Take a quick look at each camper to asses for the following:

6. Does the camper look sick or ill?
7. In the camper coughing?
8. In the camper scratching his/her head a lot?
9. Are the camper’s eyes red or do the camper’s eyes appear irritated or watery?
10. Does the camper have any visible skin rash?
11. Does the camper have any red bumps or scratched on the back of the hands or at the base of the fingers?
12. Does the camper have any physical limitations?

Note: Circle “N/A” under screening notes if nothing applies to the camper.

Counselor Assessment	Camper/Counselor Information - Please Print Legibly
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 N/A	Name: _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned in All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen

I have received and completed the Health Screening Instructions and Assessment for campers in my cabin. I also agree to ensure good hygiene of all campers in my care as instructed by the First Aid Staff.

Signature: _____ Date: _____



Group Name		Dates of Stay			
Trip Leader	Phone				
Leader	Name of Guest	Medical Form	Special Needs	Vol. Conse	Health Screening
I certify that all forms are accounted for, and signed.					
Signature			Date		