YOUNG LIFE PROPERTIES HEALTH, CONSENT AND RELEASE FORM

FOR AREA DIRECTORS
Area # _____
Area Name _____
Trip Leader/Area Dir. _____
School Name _____
Camp Dates _____
Camper ☐ Leader ☐

NOTE TO THE PARENT/GUARDIAN/GUEST: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:
1. Medical history
2. Proof of physical examination within the past 12 months if you are attending Beyond Malibu, Castaway, Crooked Creek, Frontier Ranch, Trail West, or Wilderness Ranch
3. Medical insurance information

Name _____ Birthdate _____ Sex _____ Age _____
(Last, First, Middle Initial)

Parent or Guardian (or spouse) _____ Cell Phone ( ) _____

Home Address _____ Home Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

Business Address _____ Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

Second Parent or Guardian Emergency Contact _____

Home Address _____ Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

Business Address _____ Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

If not available in an emergency, notify: Name _____

Home Address _____ Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of $4,000 ($1,000 for dental claims). Exception: If the total claim is less than $250, Young Life will pay the full amount. On claims above $250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses. If you have questions, please contact Young Life Benefits and Insurance at (719) 381-1950

My insurance company _____ **Policy Number** _____

Insurance company address _____

☐ **Not Currently Insured -** Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Health Care Recommendations: A parent can complete the following health care recommendations unless the child is attending Beyond Malibu, Castaway, Crooked Creek, Frontier Ranch, Trail West, or Wilderness Ranch in which case this section must be completed by a physician.

I have examined the above applicant within the past 12 months. Date examined _____

In my opinion, the above's condition ☐ does ☐ does not preclude his/her participation in an active camp program.

Licensed Physician's Signature _____

Address _____ Phone ( ) _____
(Street Address, City, State/Province, Zip/Postal)

Date of Form completion _____ *By _____
*Initial if completed by nurse or physician's assistant

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s) _____

Current treatment (include current medications) _____

Explanation of any reported loss of consciousness, convulsion or concussion _____

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (Food, drugs, plants, insects) _____

In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. Are there any reasons this person should not participate?

Additional health information/Activities to be limited _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Record month and year of basic immunizations.		
Diphtheria	1	1
DPT: Pertussis (Whooping Cough)	2	2
Tetanus	3	3
Tetanus		
TD: Diphtheria		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard Measles, Red Measles, Rubeola)		
Other		
Tuberculin test given _____ (Most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		
Chicken Pox (New York Camps only)		

HEALTH HISTORY
(Give Approximate Dates)

_____	Frequent Ear Infections	_____	Chicken Pox
_____	Heart Defect/Disease	_____	Measles
_____	Diabetes	_____	German Measles
_____	Bleeding/Clotting Disorder	_____	Mumps
_____	Hypertension	_____	Hepatitis A
_____	Mononucleosis	_____	Hepatitis B
_____	Convulsions	_____	Hepatitis C
_____	Epilepsy		

Allergies (Date not needed)

_____	Hay Fever	_____	Penicillin
_____	Ivy Poisoning, etc.	_____	Other Drugs
_____	Insect Stings	_____	Asthma
_____	Other (Specify) _____		

Operations or serious injuries (Dates) _____
Chronic or recurring illness or medical condition _____
Dietary restrictions _____
Current medications (send with instructions) _____
Other diseases _____
Name of family physician _____
Name of dentist/orthodontist _____
Special health and behavioral considerations _____

AUTHORIZATION FOR TREATMENT

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations*; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Young Life to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named above. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out below. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the paymen of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

I have received, reviewed, and agree to the release of my health information as outlined in Young Life's* *"Notice of Privacy Practices"*** *handout. Additional copies available at www.younglife.org*

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

*****INITIALS OF PARENT, GUARDIAN, OR ADULT CAMPER/STAFFER _____*****

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEO-TAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Signature of parent or guardian or adult camper/staffer _____
Persons authorized to pick up child other than parent or guardian _____
I also understand and agree to abide with the restrictions placed on my camp activities as listed above.
Signature of minor or adult camper/staffer _____ Date _____
(If camper is emancipated, proof must be provided prior to camp.)
Printed name of minor or adult camper/staffer _____ Date _____