

Medical Information Form (Please Print)

PARENT/GUARDIAN SECTION

Camper's Name _____ Last _____ First _____ M _____ Session Dates: _____

M _____ F _____ Date of Birth _____ Parents/Guardians: _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Emergency Contact Name _____

Relationship _____ Phone (_____) _____ Cell Phone (_____) _____

Physician _____ Phone (_____) _____ Date of last Physical exam _____

Camper's Health History:

Asthma*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Back Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Defect/Disease*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bed wetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent Hospitalizations*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Menstrual Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under Doctor's Care*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Glasses / Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If "Yes" a Doctor's written authorization is required prior to attending camp. (Form included on back)

Date of last Tetanus (TD, DTP, or Tetanus) _____ **Note: Tetanus must be current to attend camp**

Dates of immunizations (most recent): Polio _____, MMR (Measles, Mumps, Rubella) _____, H. Influenza B _____,

Hepatitis B _____, Varicella (chicken pox) _____. TB Mantoux test _____ Positive Negative

Past Childhood diseases: _____

Allergies or reactions to medications? _____ Food or other allergies? _____

List any recent operations or injuries _____

List any illness in past two months _____

List all prescriptions and over the counter medications being sent to camp: **(all medications must be in original containers)**

List name, dose and frequency _____

Any special medical or dietary needs? _____

Are there any restrictions in any of the physical programs? (hiking, boating, swimming, climbing etc.) Yes No If yes, explain

Provide any additional information about the participant's behavior and physical, mental or psychological health requiring medication, treatment, special restrictions, or considerations while at camp (use additional sheets if necessary):

Insurance Information:

Medical Insurance Carrier _____ Policy, ID, and/or Group # _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED IN ORDER TO BE ADMITTED TO CAMP

CAMPER AND PARENT/GUARDIAN SECTION

Parent's Authorization

I, the undersigned parent/person having legal custody/guardianship of the above named minor, here by give permission for the minor to participate in the Camping Programs of Camp Wrightwood. I give permission for photographs or video footage of my child to be used by the camp for promotional purposes. I have read the description of the program. I understand that the program includes such activities as long hikes, sleeping outside under the stars, cooking around a camp fire and group discussions. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Wrightwood or the Protestant Episcopal Church in the Diocese of Los Angeles liable for any injuries incurred during the program whether caused by equipment or the acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Wrightwood or its employees or agents.

Signature of Parent/Guardian _____ Date _____

Camper Agreement

I have read the letter for my session at Camp Wrightwood and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Wrightwood, other campers and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from Camp Wrightwood.

Camper's Signature _____ Date _____

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED FOR CAMPERS TO ATTEND CAMP.

Unless this form is signed by a parent or guardian, the Camp cannot get emergency help for your child in case of injury. This technical wording is controlled by the dictates of State Law. Thank you for your cooperation.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parents of _____, a minor, having legal custody of said minor and having entrusted said minor into the care of the agent(s) hereinafter named, do hereby authorize the staff of Camp Wrightwood as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such examination, diagnosis, treatment or hospital care which the aforementioned physician may advise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church in the Dioceses of Los Angeles, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance or mis-performance of any examination, anesthetic, diagnosis, treatment or hospital care performed as a result of or following any consent or purported consent by said agent(s) here under. This authorization shall remain effective through _____ unless sooner revoked in writing delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty, with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Dated: _____
Parent/Guardian

PHYSICIAN'S SECTION

This section is only required if camper has a history of Asthma, Heart defect/disease, Seizures, Diabetes, has recently been hospitalized or is currently under a Doctor's care.

Physician - please note: Because of the camper's medical history, we have asked for your written authorization prior to the camper's attendance. The program consist of a variety of active life-style activities, including strenuous hiking, games and activities in the forest at an elevation of 6,100 feet. Your careful consideration is appreciated.

REMARKS (use additional sheets if necessary) _____

CHECK: **Nose** _____ **Throat** _____ **Heart** _____
 Skin _____ **Hernia** _____ **Abdomen** _____
 Ears _____

Date of last tetanus booster _____

Are there any restrictions in any of the physical programs? _____

I have examined the applicant for entrance to Camp Wrightwood and find the camper physically qualified to be accepted as a camper and to enter into all camp activities except as noted.

Signed _____ Date _____

Physician's name _____ Phone (____) _____