

STAFF MEDICAL CONSENT FORM



In order to comply with state and county laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person 18 and above attending Forward Bible Camp. Please be aware that Forward Bible Camp does NOT provide medical or hospital insurance coverage.

Name _____ Age _____ DOB _____ Gender _____ Ht. _____ Wt. _____
Address _____ City _____ State _____ Zip _____
Email _____
Emergency Contact _____ Relationship _____ Phone (_____) _____

I understand that my photo may be taken at the camp and I authorize Forward Bible Camp to Post these photos on the Forward Bible Camp web site, on Facebook, and use them in other materials to promote Forward Bible Camp.

Please send me Forward Bible Camp Promotional Materials via: email postal mail both

MEDICAL INFORMATION

Forward Bible Camp requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. Forward Bible Camp 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 _____

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 exposed within last 3 weeks to any kind of Communicable Disease? YES ___ NO ___

If YES, please attach explanation.

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 >>>

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

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

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

By signing this form I give my informed consent to the First Aid personnel assigned by Forward Bible Camp, 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 Forward Bible Camp, 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 Forward Bible Camp, Inc. to secure and administer any and all medical treatment deemed necessary for _____,

STAFF MEMBER NAME

including hospitalization. This completed form may be photocopied for trips away from Forward Bible Camp, 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 and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, 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 Forward Bible Camp, Inc. to allow _____ to participate in any and all activities that may

STAFF MEMBER NAME

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 Forward Bible Camp 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 Forward Bible Camp, 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** _____

Parent or Guardian Signature or Applicant if 18 years old or more