

\_\_\_\_ Reviewed by Group Health  
Supervisor  
(Please check)

### TIMBER-LEE CHRISTIAN CENTER HEALTH, CONSENT, AND RELEASE FORM

NOTE TO THE PARENT/GUARDIAN/GUEST: Timber-lee 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. Medical insurance information

Leader/Teacher \_\_\_\_\_  
Group/School Name \_\_\_\_\_  
Camp Dates \_\_\_\_\_  
Camper  Leader

#### ◆ PERSONAL INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Parent or Guardian (or spouse) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Area/Number

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Area/Number

Second Parent or Guardian Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Area/Number

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Area/Number

If not available in an emergency, notify: Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number City State/Province Zip/Postal Area/Number

#### ◆ HEALTH HISTORY INFORMATION

Health History (Give approximate dates)	Diseases	Allergies (Date not needed)
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Diabetes	_____ German Measles	_____ Insect Stings
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Penicillin
_____ Hypertension	<b>Immunizations</b>	_____ Other Drugs
_____ Mononucleosis	_____ Tetanus (last date)	_____ Asthma
_____ Convulsions	_____ Other (Specify) _____	_____ Other (Specify) _____

Operations or serious injuries (Dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Current medications (Send with instructions in original container) \_\_\_\_\_

Other illnesses \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last health examination by a doctor or nurse \_\_\_\_\_

#### Insurance Information

My insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance company address \_\_\_\_\_

Any treatment to be continued at camp \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions (please notify camp staff two weeks prior to arrival) \_\_\_\_\_

Activities to be discouraged or limited \_\_\_\_\_

Additional health information for camp personnel \_\_\_\_\_

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◆ **GROUP LEADER INFORMATION**

**Medications:** All medications brought to camp must be in original containers. An adult leader of the group shall keep all medications brought to camp by anyone under 18 years of age in a locked unit. The adult leader shall be responsible for the administration of the medications. Bee sting medication, inhalers, and insulin syringe, or other medication or device used in the event of life-threatening situations may be carried by a camper or staff member. Each camper or staff member, 18 years of age or older, may take responsibility for the security of his or her personal medication.

**Health Forms:** A health history is required for each camper. Information should include any physical condition, medications, or allergies requiring special consideration. For a camper under 18 years of age, written consent for emergency medical care is required.

**Medication/Treatment Records:** When a medication is administered or treatment provided, the adult leader shall make a record of the action in a bound book with pre-printed page numbers, indicating the following information: name of the person receiving the medication or treatment; ailment; name of the medication or treatment; quantity given; date and time administered; by whom administered; and comments. The group leader should retain the health forms and treatment records (copies of pages can be made at end of stay) for at least 2 years.

◆ **CONSENT AND RELEASE INFORMATION**

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

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for off-site trips. The completed forms may be photocopied for trips out of camp.

I release Timber-lee including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

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 Timber-lee harmless from any claim asserted by me against Timber-lee, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to Timber-lee to photograph the camper during camp activities and to use the photographs in Timber-lee audio-visual and printed materials without compensation or approval rights.

**Signature of parent or guardian or adult camper/staffer**

**I also understand and agree to abide with the restriction placed on my camp activities as listed above.**

**Signature of minor or adult camper/staffer** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete first side .....>

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