

TIMBER-LEE SUMMER 2017
HEALTH HISTORY & INSURANCE INFORMATION

NOW AVAILABLE ONLINE!
Log into your account at www.timber-lee.com in order to complete digital form

Name _____ Birthdate _____ Sex _____ Age _____
Last First MI

Parent or Guardian _____ Phone _____
Area/Number

Second Parent or Guardian _____ Phone _____
Area/Number

If not available in an emergency, notify: Name _____ Phone _____
Area/Number

HEALTH HISTORY INFORMATION:

Health History (date diagnosed)			
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Diabetes	_____ Mononucleosis
_____ Bleeding/Clotting Disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throats/Strep	_____ Mumps	_____ Seizures	_____ Autoimmune Disease
_____ Hand, Foot, Mouth Disease	_____ German Measles	_____ Heart Defect/Disease	_____ Tuberculosis
Allergies (please specify)		Immunizations	
Drug _____		_____ Tetanus (last date)	
Environmental/Food _____		_____ Other, please specify	

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition (not noted above) _____

Mental, psychological, or behavioral conditions _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Date of last health examination by a doctor or nurse _____

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 _____

Describe any physical condition, medications or allergies that require special consideration _____

Current medications (Send with instructions in original container) _____

INSURANCE INFORMATION

My insurance company _____ Policy Number _____

Insurance company address _____

TIMBER-LEE
TERMS AND CONDITIONS

As used herein, the term "Participant" refers to _____ (please print staff name).

1. Authorization for Treatment & Release of Information: I hereby give permission to the medical personnel selected by the camp director to order any necessary X-rays, tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the Participant named above. 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 Participant named above. I hereby agree to be responsible for payment of all costs or expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

2. Medications: All medications brought to Timber-lee Ministries by the Participant must be kept in their original containers with labels indicating the following information: name of the person receiving the medication or treatment; name of the medication or treatment; if prescribed, the quantity, date and time of administration. Timber-lee's Health Services staff shall keep all medication brought to Timber-lee Ministries by anyone under 18 years of age in a locked unit or storage device. Timber-lee's Health Services staff shall also administer or dispense medications. Epi pens, inhalers, and glucagon injections, or other medication or device used in the event of life-threatening situations may be carried by the Participant or staff member.

3. Authorization for Off-Site Trips: I hereby give permission for the Participant to engage in off-site day and/or overnight trips and other enrichment activities that may be part of the specific camp program that the Participant is registered for. Furthermore, I hereby give my permission for Timber-lee Ministries to transport the Participant to and from such off-site field trips and enrichment activities in any camp-designated vehicle(s). If you are uncertain if the program includes this element, please consult the program description or contact our registration office at 262-642-7345.

4. Authorization for Promotional & Marketing Activities: I hereby grant permission to Timber-lee to record, by videotape, photograph, or other means of reproduction, voice, image, and physical likeness of the Participant and/or my Participant's family members, and to use any such recorded matter for promotional purposes without further consent or compensation.

By signing below, the Participant agrees to be bound by the terms and conditions of this form. If the Participant is less than 18 years old, and I am the parent of legal guardian of the Participant, I agree, on my behalf and on my child's behalf and our respective estates, heirs, personal representatives, and assigns, to be bound by the terms and conditions of this form. The undersigned certified that the information provided in the Agreement is true and accurate.

Signature of Participant _____ Date _____

Signature of minor Participant's parent/legal guardian _____ Date _____



Camp Timber-lee, N8705 Scout Road, East Troy, WI 53120
262.642.7345 Fax: 262.642.7517 www.timber-lee.com