

Camp Session \_\_\_\_\_

Reviewed by Health Services (Please Check)

TIMBER-LEE SUMMER YOUTH CAMP
2015 HEALTH HISTORY & INSURANCE INFORMATION

Name Last First MI Birthdate Sex Age

Parent or Guardian Phone Area/Number

Second Parent or Guardian Phone Area/Number

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

PARTICIPANT HEALTH HISTORY INFORMATION:

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

As used herein, the term "Participant" refers to \_\_\_\_\_ (please print camper 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 \_\_\_\_\_



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