

Name:

Mission Unit:

# YL younglife Camping Health, Consent and Release Form

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel to and from, and attendance at, this specific camp. A new form must be completed for each Young Life Camp experience.

|                                   |
|-----------------------------------|
| <b>Home Area:</b>                 |
| <b>Camp:</b> Castaway Club (5600) |
| <b>Guest Type:</b>                |
| <b>Session/Week:</b>              |
| <b>Camp Dates:</b> _____ to _____ |
| <b>Version:</b> 17                |

**Note to Parent/Guardian/Guest:** Young Life wants the camp experience to be a safe and healthy one. It is important that we have the following information, which will be shared with appropriate staff, to keep you or your child safe at camp and in the event of an accident or illness.

1. Medical history & medical insurance information
2. Proof of physical examination, verified by physician's signature, required for specific guests attending Beyond Malibu or specific camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Rocky Creek Ranch, or Wilderness Ranch).
3. Pregnant and Post-Delivery Teens: Pregnant teens and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. **Teen moms less than 6 weeks post-delivery on camp date may not attend. Pregnant teens over 34 weeks are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.**
4. A physician's release is required for all infants 6-12 weeks on camp date and for infants attending any CO or MN camps. Infants younger than 6 weeks on camp date may not attend any camp. Infants younger than 12 weeks may not attend Washington Family Ranch, Malibu Club, Beyond Malibu, Wilderness Ranch, or remote camps.

### CAMPER/GUEST

|                                |                      |                |             |
|--------------------------------|----------------------|----------------|-------------|
| <b>Name:</b>                   | <b>Birthdate:</b>    | <b>Gender:</b> | <b>Age:</b> |
| <b>Parent/Guardian/Spouse:</b> | <b>Cell Phone:</b>   | <b>Email:</b>  |             |
| <b>Home Address:</b>           | <b>Home Address:</b> |                |             |
| <b>Second Parent/Guardian:</b> | <b>Cell Phone:</b>   | <b>Email:</b>  |             |
| <b>Home Address:</b>           | <b>Home Phone:</b>   |                |             |
| <b>Emergency Contact:</b>      | <b>Cell Phone:</b>   | <b>Email:</b>  |             |
| <b>Home Address:</b>           | <b>Home Phone:</b>   |                |             |
| <b>School Camper Attends:</b>  |                      |                |             |

### Doctor Information

|                   |        |                 |        |               |
|-------------------|--------|-----------------|--------|---------------|
| Family Physician: | Phone: | Family Dentist: | Phone: | Orthodontist: |
|                   | Phone: |                 |        |               |

### Biometrics

HEALTH CARE RECOMMENDATIONS: A physician, nurse practitioner, or physician's assistant must complete this section for the following individuals: those under the age of 18 attending camps located in CO; those attending camps located in MN; those attending Beyond Malibu; those attending any Young Life camp who are pregnant or have given birth within 12 weeks of the camp date. A parent or adult applicants must complete the section below if the above conditions do not apply.

1. Does the applicant have any diagnosed development or medical condition of the blood, neurologic, heart, respiratory, or metabolic system, including, but not limited to: seizures, diabetes, sickle cell disease, heart or respiratory conditions that could limit participation **at camps with high altitude (7,000-14,000 feet)?**

Yes  No

Please explain the condition and expected treatments:

\_\_\_\_\_

2. Does the applicant have any medical conditions or physical disability that could limit participation **in an active camp program regardless of elevation?**

Yes  No

Please explain the condition and expected treatments:

\_\_\_\_\_

3. Will the applicant carry an epi-pen, inhaler or other emergency medication with them at camp and are they authorized to do so?  Yes  No

Please provide more information and any specific needs:

\_\_\_\_\_

PHYSICIAN'S SIGNATURE: (CO, MN, Beyond Malibu, pregnant/post-delivery teens/infants 6-12 weeks). Must be obtained within the same calendar year as the camp trip

I have examined the applicant within the past 12 months. **Date examined** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Physician's Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_ **Print Name** \_\_\_\_\_

May be signed by Physician, Nurse Practitioner, or Physician's Assistant if required

**Address** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_