

Medical History, Consent & Release

Contact Information

Camper Name: _____ Birthdate: ___/___/___ Age: _____ Home Phone: (____) _____
Camp Week Attending: _____ Activity(ies): _____
Home Address: _____ City: _____ State: _____ Zip: _____ Gender: M F
Mother's Name: _____ Work Phone: (____) _____ Phone2: (____) _____
Father's Name: _____ Work Phone: (____) _____ Phone2: (____) _____
Other Emergency Contact Name: _____ Relationship to Camper: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Camper Medical History

Family Physician Name: _____ Date of Camper's Last Physical Exam: ___/___/___
Work Phone: (____) _____ Phone2: (____) _____
Medical Insurance Carrier: _____ Policy and/or Group #: _____

Please indicate if your camper has a history of any of the following (leave blank if none):

Asthma Convulsive disorders Diabetes Heart trouble Other (please describe): _____

Please describe any current health condition your camper has that will require medication, treatment, or special restrictions or considerations while at camp (attach additional page(s) if necessary, leave blank if none):

Please describe any allergies your camper has to food, medicine or other (leave blank if none):

Please describe any recent hospitalization, illness, injury or other medical treatment your camper has had (leave blank if none):

Please indicate date of last immunizations (or attach photocopy of immunization record):

Tetanus: ___/___/___ Diphtheria: ___/___/___ Polio: ___/___/___ Pertussis: ___/___/___
Mumps: ___/___/___ Measles: ___/___/___ Rubella: ___/___/___ Tuberculosis: ___/___/___
Other: ___/___/___ Other: ___/___/___

Medications

Please describe any prescription medication(s) your camper must take while at camp (leave blank if none):

Medication Name	Dosage	Frequency	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

All prescription medication(s) must be turned in to the Camp Nurse in its original bottle with original labeling.

The following over-the-counter medications are routinely administered as needed at camp: Tylenol (acetaminophen), Advil (ibuprofen), Sudafed (pseudoephedrine), Chloraseptic, Sucrets, Cough drops/syrup, Pepto Bismol, Benadryl

Please write which over-the-counter medications, if any, you do NOT want administered to your camper (leave blank if none):

Camper Pickup Authorization

I authorize the following people to pick up my child from camp:

Please PRINT. Remember to include your own name.

1: _____ 2: _____
3: _____ 4: _____

Consent & Release

STATEMENT OF RISK FOR PSR CHRISTIAN CAMP

Every reasonable effort has been made to assure that our camp program has been made as safe as possible. However, we wish to inform you that all camp activities, such as but not limited to, ropes course, rock climbing, horsemanship, surfing or wakeboarding, have inherent risk that may result in serious injury or death. Participation in these or any other camp activities is not required. Should you not wish your camper to participate in a specific activity, please indicate in writing which activities you wish to exclude your camper from and include with your Registration Form. Phone calls are not acceptable for exclusion.

PARTICIPATION CONSENT, RELEASE & ASSUMPTION OF RISK AGREEMENT

I, the undersigned parent/guardian having legal custody of the above named minor, give my consent for the minor to participate in the PSR Christian Camp ("PSRCC") program. In giving my consent, I hereby:

1. Acknowledge that the minor and I (A) have been informed of the inherent risk of the camp activities said minor will participate in, and (B) agree to abide by all PSRCC safety regulations and policies.
2. Release PSRCC and the Southeastern California Conference of Seventh-day Adventists, their employees, volunteers and agents, as well as its parent and affiliated organizations (collectively "Releasees") from any and all liability and responsibility for any loss or damage to property and/or injury or death to person.
3. Agree to (A) indemnify and hold harmless Releasees from any and all claims, damages, injuries, and expenses arising out of or resulting from minor's participation in camp activities, including but not limited to ropes course, rock climbing, horsemanship, surfboarding and wakeboarding, and (B) release, acquit, and covenant not to sue Releasees for any and all actions, cause of action, claims or damages, damages in law, or remedies in equity of whatever kind, including the negligence of Releasees.
4. Accept and assume full responsibility for this risk of property loss or damage and/or bodily injury or death, whether caused by Releasees or otherwise, and whether due to the negligence of Releasees or otherwise.

MEDICAL TREATMENT CONSENT & AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned parent/guardian having legal custody of the above said minor, do hereby:

1. Authorize PSRCC to act as my agent with respect to minor in the event said minor requires medical treatment.
2. Consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care that may be rendered to said minor under the general or special instructions of the above named family physician or any licensed physician or medical practitioner PSRCC may call, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, at PSRCC or away from PSRCC at a PSRCC-sponsored offsite activity.
3. Acknowledge that (A) my consent is given before any diagnosis or treatment becomes medically necessary, (B) PSRCC may call another physician other than the above named family physician if, after reasonable effort has been made, the family physician is unable to be reached, and (C) that I will be responsible for any medical expenses not covered by camp insurance.
4. Authorize any hospital, physician, or medical practitioner who has examined, diagnosed or otherwise provided medical treatment to said minor to furnish the camp insurance company or its representative any and all information, including copies of hospital and medical records, pertaining to any illness, medical history, consultation, prescriptions or treatment.

PROMOTIONAL RELEASE & LUGGAGE SEARCH

1. I give permission to PSRCC to use above said minor's picture or other likeness for promotional purposes without compensation of any kind.
2. I give permission to PSRCC to search the minor's luggage and belongings outside said minor's presence on reasonable suspicion for drugs, alcohol, weapons or other forbidden items.

I certify by my signature below that I have read and understood the above document and agree to be bound by it. I intend this document to be as broad and inclusive as permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and continuous effect until revoked by me in writing and that a photocopy of this document shall be considered as effective and valid as the original.

Parent/Guardian Signature

Date