

## YOUNG LIFE PROPERTIES HEALTH, CONSENT AND RELEASE FORM Information in this document is protected by HIPPA privacy laws and should be handled accordingly. FOR AREA DIRECTORS

FOR AREA DIRECTORS

Area Name
Trip Leader/Area Dir.

NOTE TO THE PARENT/GUARDIAN/GUEST: Young Life 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. Proof of physical examination within the past 12 months if you are attending Beyond Malibu, Castaway,
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Additional health information/Activities to be limited

Medical history     Proof of physical examination within the past 1     Crooked Creek, Frontier Ranch, Trail West, or					School N Camp Da			
3. Medical insurance information 4. Please make a copy for your records. Prope				<u>_</u>	Car	mper	Leade	r 🛄
4. Please make a copy for your records. Prope	erties are unable to lax	or seria copies to othe	properties.	Email				
Name	Middle Initial	Birthdate	Sex	Age				
Parent or Guardian (or spouse)	Middle Initial			Cell Phone	) د	)		
Home Address				Home Pho		)		
Street Address	City	State/Pro	vince Zip/Postal	1101110 1 110	110 (			
Business Address				Phone	(	)		
Street Address Second Parent or Guardian Emergenc	City	State/Pro	vince Zip/Postal					
	y Contact			Dhono		```		
Home Address	City	State/Pro	vince Zip/Postal	Phone	(	,		
Business Address				Phone	(	)		
Street Address	City	State/Pro	vince Zip/Postal					
If not available in an emergency, notify	: Name			- DI	/			
Home Address	City	State/Pro	vince Zip/Postal	Phone	(			
l understand that my personal insurance will be p for dental claims). Exception: If the total claim is l deductibles and co-pays. Young Life's policy does	ess than \$250, Young	Life will pay the full am	ount. On claims a stions, please conf	bove \$250, Young tact Young Life Ber	Life will o	coordinate	paymen	its for
				de emple a m				
My insurance company			Policy N	Number				
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Diabthorio	of basic imm	uni∠ations.	(Give Approximate Dates)		Chieken Day
Diphtheria	1	1	Frequent Ear Infections		Chicken Pox
PT: Pertussis (Whooping Cough) Tetanus	2	2	Heart Defect/Disease Diabetes		Measles German Measles
Tetanus	3	3	Bleeding/Clotting Disord		Mumps
D: Diphtheria			Hypertension		Hepatitis A
ral Polio (Sabin) TOPV			Mononucleosis		Hepatitis B
njectable Polio (SALK)			Convulsions		Hepatitis C
MR (Measles, Mumps, Rubella)	1	2	Epilepsy		. Ispaille 5
other			Allergies (Date not needed)		
uberculin test given (Most recent)			Hay Fever		Penicillin
aemophilus Influenza b (HIB)			Ivy Poisoning, etc.		Other Drugs
epatitis B			Insect Stings		Asthma
hicken Pox (New York Camps only)			Other (Specify)		
	•	•			
perations or serious injuries (Date	s)				
hronic or recurring illness or medic	cal condition	on			
ietary restrictions					
current medications (provide instru	ctions)				
Other diseases					
lame of family physician					
lame of dentist/orthodontist	alaus Co				
Special health and behavioral consi	aerations <sub>-</sub>				
UTHORIZATION FOR TREATMENT					
nis health history is correct to the best of m	y knowledge	and the persor	h herein named has permission to engag	e in all camp activiti	ies except as noted.
•	_	•			•
cessary for insurance purposes as outline lereby give permission and authorize the p nergency medical procedures which may b scretion. It is understood that this consent in	hysician sele e needed fo	ected by Young r the person na	Life to secure or administer emergency med herein. I authorize the physician or	medical treatment, i dentist to call in any	including hospitalization and any other
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