

MEDICAL CONSENT & RELEASE FORM

In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by a legal guardian or for yourself if you over the age of 18 attending Character Challenge at Mountain Meadows Ranch. Please be aware that Character Challenge Kids Camp does NOT provide medical or hospital Insurance coverage.

Name _____ Age _____ D.O.B. _____ Gender _____ Ht _____ Wt _____
Address _____ City _____ State _____ Zip _____
Email _____ Name of Church Group _____
Emergency Contact _____ Relationship to Camper _____ Phone (____) _____

I understand that my/my campers photo may be taken at camp and I authorize Character Challenge to post these photos on the Character Challenge web site or use them in other materials to promote Character Challenge Kid Camps.

CONFIDENTIAL Medical Information:

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy # _____

Name of responsible party _____ Relationship to Camper _____

Address _____ Phone (____) _____

Name of Family Physician _____ Phone (____) _____

Date of last Tetanus Shot _____ Are all immunizations up to date? Y / N — If no, please attach explanation.

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If you have ANY chronic condition, including any of the following: Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind. **Please contact your group leaders to make sure accommodations can be made for any of these medical conditions!** If a camper with special needs comes to camp without authorization from the camp director, the group or party may be asked to return the guest to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.

Please List ALL Allergies: Drug _____ Insect/Plant _____
Food* _____ Diet Restrictions* _____

*If your camper needs special food for dietary restrictions or food allergies, please plan on bringing alternatives for these meals. Character Challenge Kids Camp is not responsible for multiple dietary options at each meal.

List Medications Camper will require while at camp and reason for taking the medicine.

By signing this form I give my informed consent to the First Aid personnel assigned by Character Challenge who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Character Challenge to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Character Challenge to secure and administer any and all medical treatment deemed necessary for me, including hospitalization.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child. I authorize Character Challenge to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that participation in these activities can expose my child to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of my child and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Character Challenge, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Character Challenge Kids camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____

Printed Name _____ Date _____

