



Youth Registration & Medical Consent Form

In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Student Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
Address _____ City _____ State _____ Zip _____
Dates of Camp _____ Name of Church Group _____
Status: _____ Camper _____ CCA _____ Counselor _____ KP _____ Grade (For summer camps, indicate grade in Fall) _____
Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center
Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____
Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or used in other materials to promote Forest Home.
 I do not want to be sent any Forest Home promotional materials in the future.

CONFIDENTIAL Medical Information:

Do you carry family medical/hospital insurance? Y / N _____ Camper's Social Security # _____
Insurance Carrier _____ Policy # _____
Name of responsible Party _____ Social Security # _____
Address _____ Phone (_____) _____ Relationship to camper _____
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 your child has Chronic Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES! If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

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

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

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

All prescription medications, over-the-counter medications, vitamins, and herbal products are collected and administered by First Aid OR Trip Staff and MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid Agents, certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1, assigned by Forest Home 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 health care needs than the First Aid Team can provide within their individual certifications, licenses and Scopes of Practice. I authorize those agents 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. In the event that I cannot be reached, I hereby give permission to the physician selected by Forest Home to secure and administer any and all medical treatment deemed necessary, including hospitalization, for the person named herein. This completed form may be photocopied for trips away from the center.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child while attending this program: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, 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 team free of charge as needed for the comfort of my child.

I have requested Forest Home Inc. 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, the undersigned, do hereby agree to the following: I understand that my minor child's participation in this activity can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Forest Home Inc., its officers, agents, and employees from any and all claims or liability for personal injury or property damage my minor child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is 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 specifically agree to release and hereby hold harmless Forest Home Inc. and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

I agree to release, hold harmless, defend, indemnify, and forever discharge Forest Home Inc., and each and everyone of its employees, officers, directors, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any and all of them who might be liable (the "released parties") from any and all causes of actions, suits, claims, demands, or any other damages, or costs associated with any current or future actions taken by the released parties relative to the health, sickness, loss of services, property damage, death or injury, and treatment of my minor child. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future sickness, and treatment of my minor child and the released parties. I represent and acknowledge that I have read and understand this agreement and release 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 of Parent or Legal Guardian _____ Date _____