

# FLOOD WINTER CAMP

OFFICE USE ONLY

Payment: **ONLINE** .....Fin .....

Dep: **ONLINE** .....Bal:.....

Assignment: .....F1 .....

## PLEASE NOTE: THIS MEDICAL FORM IS FOR ONLINE REGISTRATIONS ONLY!

This is **not** the downloadable CHCC registration/medical form. Please go to [www.coasthillschurch.org/flood](http://www.coasthillschurch.org/flood) to get to the Winter Camp page and to download the CHCC registration/medical form if you do not wish to register online.



## MEDICAL INFORMATION AND WAIVER FORM

First & Last Name: \_\_\_\_\_ Gender: [ ]Boy [ ]Girl

Allergies/medical concerns: \_\_\_\_\_

### In case of emergency, if all attempts to reach me fail, please call:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group/Member # \_\_\_\_\_

I hereby grant permission for my student to attend camp with Coast Hills Community Church (CHCC). In case of accident, sickness, or injury, I grant permission to any member of the CHCC staff to see that any necessary medical assistance is rendered to my student. I also understand that, in case professional emergency treatment is deemed necessary, every effort will be made to contact me immediately, but I give my permission to proceed if I cannot be reached, so that necessary treatment will not be delayed.

I also hereby assume risk of, responsibility and liability for, and release, forever discharge and agree to hold harmless CHCC, its directors, employees, volunteers, and event participants, from all liability, claims, demands, expenses, costs and obligations directly or indirectly resulting from personal injury, sickness, death, and/or property damage associated with any activity covered by this form. The undersigned further agrees to hold harmless, defend and indemnify CHCC, its directors, employees, volunteers, and event participants for all liability, claims, demands, expenses, costs and obligations directly or indirectly caused by my student's negligent, willful or intentional act.

I authorize CHCC, at its sole discretion, to use and publish for any lawful purpose and without compensation, photographs, video, audio, and/or other depictions of registrant(s) at this event. This authorization shall remain in effect until revoked in writing.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed forms to **CHCC, Attn: Har Walker/Winter Camp, 5 Pursuit, Aliso Viejo CA 92656**

**Registration questions? Call 949-362-0079 x345 or send an email to [hwalker@coasthillschurch.org](mailto:hwalker@coasthillschurch.org)**



# IMPORTANT FIRST AID MESSAGE TO YOUTH PASTORS & PARENTS!!

We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chronic Asthma                    | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Cardiac Problems |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Emotional Handicap          | <input type="checkbox"/> Epilepsy         |
| <input type="checkbox"/> Nervous Disorder                  | <input type="checkbox"/> Physical Handicaps          | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Requires An Injection Of Any Kind |  |   |

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the **Youth Registration & Medical Consent Form**. If no box is checked only the **Youth Registration & Medical Consent Form** is required.*

2. Send all prescription meds in original containers. We can **only** administer the med as the bottle reads, so make necessary adjustments with your pharmacy before camp. Over the counter meds must also come in original container. **DO NOT SEND MEDS IN PILL BOXES OR BAGGIES AS WE CANNOT LEGALLY DISPENSE IN THIS MANNER.**
3. Please do not send up pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send the original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Form for your child to attend camp.** If your child gives his/her own injectable meds (*such as insulin*) we need only your statement of consent with your signature on the parent portion of the Special Medical needs form. With your consent, your child will be monitored by the First Aid staff.
4. If your child is **a type I Diabetic** you must send the following items for your child to attend camp:
  1. Glucometer / Strips / lancets
  2. Glucagon Pen (**\*No exceptions**)
  3. Insulin / syringes
  4. Glucogel or Glucose tabs
  5. M.D. orders on Special Needs Form / Signature
  6. Parent's written consent if child to self administer / signature on Special Medical Needs Form.

• *We recommend a "fanny pack" be worn by your child with needed supplies at all times while attending camp.*
5. If your child has asthma and uses a nebulizer in addition to an inhaler, please send the nebulizer, medication & dilutant to camp. Asthma is easily triggered by the activities at camp.
6. If your child has severe allergies and uses an epi-pen, we will need Special Medical Needs form with signatures from child's MD and parent.
7. We do not give allergy or growth hormone injections at camp.
8. If your child requires any special medical treatment to attend camp, the Special Medical Needs form will need to be completed and signed by you & your child's MD. In addition, please call the camp @ (909)389-2300 and ask for the First Aid Coordinator to insure we can meet the needs of your child **BEFORE** sending them to camp.

# 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 \_\_\_\_\_  
 Email \_\_\_\_\_ 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 \_\_\_\_\_ Ojai Valley  
 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 use them in other materials to promote Forest Home.

Please send me Forest Home Promotional Material via:  Email  Postal Mail  Both

## REQUIRED Medical Information:

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

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

Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

If your child has **ANY** chronic condition including any of the following: 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 conditions: 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. \_\_\_\_\_

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 11. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 2. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 12. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 3. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 15. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 7. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 8. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 9. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMMUNIZATIONS:** Please fill in the immunization information below or attach a recent copy of your child's immunization record.

1. Are all immunizations up to date:     Yes     No
2. Polio (OPV or IPV)—Date: \_\_\_\_\_
3. DTP/DTap/DT/TD (*Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only*)—Date: \_\_\_\_\_
4. MMR (*Measles, Mumps, Rubella*)—Date: \_\_\_\_\_
5. Hepatitis B—Date: \_\_\_\_\_
6. Varicella (*Chicken Pox*)—Date: \_\_\_\_\_

**PERSONAL BELIEFS AFFIDAVIT**

I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child 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 personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider 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 personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. 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 Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: 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 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 do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., 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 Forest Home, Inc.'s 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 of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



**BOTH PAGES MUST BE COMPLETED BEFORE COMING TO CAMP!**

**SPECIAL MEDICAL NEEDS  
PROCEDURE AUTHORIZATION FORM**

*(For camper's with chronic medical needs requiring First Aid staff intervention)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness/ Condition: \_\_\_\_\_

Camp (circle): Indian Village Adventure Mountain Creekside Lakeview Ojai Valley Dates attending: \_\_\_\_\_

Church Group Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_



**The following portion to be completed by camper's physician / M.D.**

**Specialized Health Care Treatment / Procedure required while at Camp**

(Specify dosage, time, route, duration if medication) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Restrictions / Recommendations** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**The following portion to be completed by camper's parent.**

I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

I authorize my child to self administer medical treatment

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please turn form over and initial and sign all areas.**

**If you have completed this form your next step is to call the Camp First Aid Coordinator**

**@ (909)389-4326 (Summer) or @ (909)389-3493 (Rest of the Year)**

**Mill Creek Fax # (909)389-2221 Ojai Valley Fax # (805)715-6061**

# Special Medical Needs Procedure Authorization Form (Side 2)

## 1. REQUEST FOR PERMISSION

I recognize that Forest Home because of its terrain, altitude and program involvement, is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend a Forest Home Conference. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial \_\_\_\_\_

## 2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial \_\_\_\_\_

## 3. RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Initial \_\_\_\_\_

### Check One:

\_\_\_\_ I have personally inspected Forest Home, and recognize it is not designed for, nor intended to provide a camp experience for those with special needs. I realize and assume the risks and dangers to myself or the said individual involved in participation in its camp activities.

\_\_\_\_ Recognizing that Forest Home is not designed for, nor intended to provide a camp experience for those with special needs, we hereby decline our right to inspect the Forest Home property.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### THIS SECTION FOR OFFICE USE ONLY

Permission Obtained \_\_\_\_ Obtained \_\_\_\_ Denied

Notified Guest (Date): \_\_\_\_\_

Permission Granted By: \_\_\_\_\_

Title: \_\_\_\_\_

Note any special arrangements made: \_\_\_\_\_

**Forest Home Mill Creek Canyon**  
40000 Valley of the Falls Dr.  
Forest Falls, CA 92339  
[www.foresthome.org](http://www.foresthome.org)

MAIN 909.389.2300

