

MEDICAL RECORD AND ALL-IN-ONE AUTHORIZATION FORM
IMPORTANT! Each registrant ***must*** mail this form to camp in order to participate.

SECTION I: NAME OF CAMP Program _____

SECTION II: PERSONAL INFORMATION

Full Name of Participant: _____ Date of birth: _____ Age: _____

Mailing Address: _____

City/State/Zip: _____ Phone # 1: _____ Phone #2 _____

Custodial Parent Information: Name: _____ Home Phone: _____
Cellular Phone: _____ Work Phone: _____

Mailing address: _____ Email: _____

SECTION III: MEDICAL INSURANCE INFORMATION

Is the camper covered by a medical insurance policy? Yes No

Name of policy holder: _____ Relationship to participant: _____

Insurance company: _____ Phone #: _____

Medical insurance policy number: _____ Check one: Group plan Individual/Family plan

SECTION IV: MEDICAL HISTORY (*Must* be up-to-date upon arrival at camp. *Attach additional pages if needed*)

Is camper current on all immunizations as required by the public school system? Yes No Date of last Tetanus shot: _____ / _____ / _____

List allergies, including allergies to medications, indicating the severity of reaction: _____

Please check which applies if peanut allergy – reaction to: airborne (must remove anything containing peanuts) cannot be ingested

if lactose allergy: milk can be in food no milk or dairy products at all

List prescribed *and* over-the-counter medication(s) presently taking (medications to be administered at camp *must be* in original containers): _____

List past medical treatments _____

Please describe any medical problems or conditions including mental & emotional: _____

List any restrictions pertaining to diet, sports, or physical activity: _____

List any medications that should ***not*** be administered: _____

Doctor's name: _____ Doctor's phone: _____

SECTION V: LIABILITY RELEASE

For Parents/Guardians of Youth Participants:

I, the undersigned parent or guardian, do hereby grant permission for _____ to attend _____
_____ Camp. As the parent/guardian, I understand that I am responsible to transport the youth home if he/she
is found in violation of the rules.

For Parents/Guardians and All Participants:

Further, I understand that participation in Jensen Camp Foundation activities can involve a certain degree of risk and can from time to time be physically, mentally and emotionally demanding. I have educated myself as to the nature of the activities that I (my child) will be participating in, have been provided an opportunity to have questions about said activities answered, and have considered the risks involved in participating in said activities. I do hereby voluntarily give my consent (for my child) to participate in each of these activities. I understand that participation in any Jensen Camp Foundation activity is completely voluntary and that I (my child) can refuse to participate in any activity I (he, she) deem(s) to be inappropriate for me (him, her). I release the Jensen Camp Foundation, its activity coordinators and all employees, volunteers and agents of the Jensen Camp Foundation (the "Released Parties") from any and all claims of liability arising out of my (my child's) participation in any Jensen Camp Foundation camping and youth activities, including any claim arising out of travel to or from the site of the location of these activities. I further agree that if I or if anyone on behalf of my child makes a claim for damages against any of the Released Parties, that I will indemnify and hold harmless each of the Released Parties from any and all such liability, damages, attorneys' fees and costs that any of the Released Parties may incur as a result of said claim or claims, to full extent allowed by applicable law.

For Adult Volunteers:

As a volunteer age 18 or over I agree to a background check conducted by the Jensen Camp Foundation

(Continued on the next page - signature required)

Name of Camper _____
 Name of Camp _____

SECTION VI: AUTHORIZATIONS

Please initial the following permissions and affirmations to signify agreement:

Initials	
	For camp staff to obtain and consent to medical treatment for my child in case of injury or illness during camp
	For my child to receive the marked OTC medicines below in appropriate dosage and under appropriate circumstances _____ Acetaminophen (temp/pain reliever) _____ Suphedrine (Sudafed/allergy) _____ Ibuprofen (temp/pain reliever) _____ Diphenhydramine (Benadryl/allergy) _____ Loperamide (Antidiarrheal) _____ Guaifenesin (Robitussin/Cough Syrup)
	For Jensen Camp Foundation and its designees to transport my child to off-site activities and/or for health or safety.
	For interviews, photographs, or video footage of my child or myself to be used by Jensen Camp Foundation for promotional purposes
	That medical information submitted with this form is current.
	Required for <u>all</u> campers attending any Jensen Camp Foundation camp: I am aware that my child will be near to or riding horses, which are large animals, can be unpredictable, and can bite, buck and kick. I am aware that participants must be alert when near them and follow all guidelines and procedures concerning their care and handling. As per the Illinois Equine act.

SECTION VII: CAMPER RELEASE AUTHORIZATION

- All campers are to be released only to an authorized person.
- Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian.
- Identification may be required for release of campers to authorized persons. Authorized persons are to be directed to the camp counselor, dean, or camp director to sign their camper out.
- If a custodial parent requests that a camper *not* be signed out to a noncustodial parent, such a request must be in writing to be kept on file.
- When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.

I hereby authorize the following persons to pick up my child or children at the end of the session:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

My signature below verifies enrollment of the camper named in Section II at the Jensen Camp Foundation/Jensen Woods Camp activity, subject to the conditions and permissions set forth in Section V, VI, and VII.

Signature of Parent, Guardian, or Adult Participant	Date	Printed Name of Parent, Guardian, or Adult Participant
Person to call in case of emergency		Emergency phone number (with area code)
Alternate person to call in case of an emergency		Alternate emergency phone number (with area code)

This section is completed by the camp nurse/medic when the camper arrives at camp.

Does the camper show any evidence of illness, injury or communicable disease? No Yes (if "yes," attach sheet with explanation)

I have conducted a health screening on the camper, checking for observable evidence of illness, injury, or communicable disease, verifying and updating this health history form, and reviewing/collecting medications to be dispensed during the camp.

Signature of health care worker: _____ Date: _____

This section is to be filled out at time of release of camper.

Printed name of person picking up camper: _____
 Signature of person picking up camper: _____ Date: _____
 Witnessed by: _____ Date: _____

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