

**WILDERNESS RIDGE CAMP
MEDICAL RELEASE FORM**

REGISTRANT'S NAME _____ **BIRTHDATE** _____ **AGE** _____ **SEX** _____
ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____ **PHONE** _____

EMERGENCY CONTACT PERSON:

Parent/Guardian Name _____
Address (if different than camper) _____
Home Phone _____ **Work Phone** _____ **Mobile Phone** _____

ALTERNATE CONTACT PERSON:

Name _____ **Relationship to registrant** _____
Address _____
Home Phone _____ **Work Phone** _____ **Mobile Phone** _____

INSURANCE:

If you have medical insurance, your carrier will be billed for medical expenses in the case of illness or injury while your child is at the camp.

Do you have health insurance? ____ Yes ____ No *If Yes, please complete the following:*

Name of insurance company _____ **Address** _____
Phone # _____ **Policy#** _____ **Group #** _____
Insurance carrier's name _____ **Relationship to registrant** _____
Carrier's ID# or Social Security # _____
Primary Physician's name _____
Address _____ **Phone#** _____

Do you have separate prescription coverage? ____ Yes ____ No *If Yes, please complete the following:*

Name of company _____
Address _____ **Phone #** _____
Policy # _____ **Group #** _____
Carrier's name _____ **Relationship to registrant** _____
Carrier's ID# or Social Security # _____

CONDITION OF HEALTH

Has the registrant been under the care of a physician during the past year or have any pre-existing medical conditions? If so, please describe _____

Has the registrant had any recent injuries or illnesses? If so, please list (To be filled out on first day of camp at registration) _____

Prescription drugs and over-the-counter drugs must be in original, labeled containers and **MUST BE TURNED IN** to camp nurse during registration on Saturday. Please list all medications being taken and any specific instructions _____

Please list any and all allergies (medication, environmental, insect, food, etc.) and type of reaction: _____

RESTRICTIONS:

1. **SWIMMING:** This activity is conducted at the camp pool. The depth of the water is between 3 and 3½ feet at all points. **THERE IS NO DIVING BOARD AND NO DIVING IS PERMITTED.** Do you want registrant to swim? ____ Yes ____ No
2. **CAMP ACTIVITIES:** The camp brochure lists typical events for campers to participation. If there are any events that you or the registrant may not participate in, please list them here: _____

IMMUNIZATION RECORD

VACCINES	DATE	DATE	DATE	DATE	DATE
**DTP/DT/Td					
OPV/IPV (polio)					
MMR V-vaccine, I-illness					
Hepatitis B					
Hib					
Varivax (Chickenpox) V-vaccine, I-illness					
OTHER:					
TB Test/Result					

Alternatively, you may attach a copy of shot record to this form

“ALL IMMUNIZATIONS ARE CURRENT AND UP-TO-DATE”

PHYSICIAN/PARENT/GUARDIAN SIGNATURE: _____ DATE _____

**MUST include date of last Tetanus shot (DPT/DT/Td)

OVER-THE-COUNTER DRUGS DISPENSED AT WILDERNESS RIDGE

Please check any of the following drugs that you DO NOT want administered:

Tylenol__ Motrin IB/Advil__ Aspirin__ Benadryl__ Sudafed__ Robitussin__ Immodium__ Pepto Bismol__ Tums__
Visine (for eye redness)__ Ear Dry (for swimmer's ear)__

AS PARENT/LEGAL GUARDIAN OF REGISTRANT ON THIS FORM, I/WE HAVE DETERMINED THE REGISTRANT TO BE IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED ABOVE. IN ADDITION, I/WE UNDERSTAND THAT IN THE EVENT MEDICAL INTERVENTION IS NEEDED, EVERY ATTEMPT WILL BE MADE TO CONTACT IMMEDIATELY THE PERSONS LISTED ON THIS FORM. IF UNABLE TO REACH ME/US, I/WE DO HEREBY:

1. Authorize the medical staff at Wilderness Ridge to: (a) provide emergency treatment for my/our child should the staff believe it necessary or appropriate to do so without first obtaining my/our permission, (b) secure reasonable medical treatment from the local hospital, clinic or EMS service in Smithville for my/our child should the staff believe it necessary or appropriate to do so without my/our permission.
2. Release all persons in charge of or attending the sponsored activity as well as employees, officers, leaders and members of Wilderness Ridge Inc. from: (a) any liability for securing or failure to secure such medical treatment and (b) any liability arising from any injury/sickness to my/our child occurring while going to or from such activity or while participating therein.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

INDIVIDUALS AGE 18 AND ABOVE STATEMENT: I certify that I am in good health and able to participate in all camp activities except as noted above. In Addition, I understand that in the event medical intervention is needed, I do hereby release all persons in charge of or attending the sponsored activity as well as employees, officers, leaders and members of Wilderness Ridge Inc. from: (a) any liability for securing or failure to secure such medical treatment and (b) any liability arising from any injury/sickness occurring while going to or from such activity or while participating therein.

SIGNATURE _____ DATE _____