

TIMBER-LEE CHRISTIAN CENTER HEALTH, CONSENT, AND RELEASE FORM

Please complete both sides of this form

NOTE TO THE PARENT/GUARDIAN/GUEST: Timber-lee wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history
2. Medical insurance information

Leader / Teacher _____	
Group / School _____	
Camp Dates _____	
<input type="checkbox"/> Camper	<input type="checkbox"/> Leader

◆ **PERSONAL INFORMATION**

Name _____ Birthdate _____ Sex _____ Age _____
Last First MI

Parent or Guardian (or spouse) _____
 Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Business Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Second Parent or Guardian Emergency Contact _____
 Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Business Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

If not available in an emergency, notify: Name _____
 Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

◆ **HEALTH HISTORY INFORMATION**

Health History (Give approximate dates)	Diseases	Allergies (Date not needed)
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Diabetes	_____ German Measles	_____ Insect Stings
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Penicillin
_____ Hyperactivity	_____	_____ Other Drugs
_____ Epilepsy	_____	_____ Asthma
_____ Hypertension	Immunizations	_____ Other (Specify)
_____ Mononucleosis	_____ Tetanus (last date)	_____
_____ Convulsions	_____ Other (Specify)	_____
_____ Hearing Impairment	_____	_____
_____ ADD (Attention Deficit Disorder)	_____	_____

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Current medications (Send with instructions in original container) _____

Other illnesses _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Date of last health examination by a doctor or nurse _____

Insurance Information

My insurance company _____ Policy Number _____

Insurance company address _____

Any treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions (please notify camp staff two weeks prior to arrival)

Activities to be discouraged or limited _____

Additional health information for camp personnel _____

PARENT INFORMATION

Medications: All medications brought to camp must be in original containers. Bee sting medication, inhalers, and insulin syringe, or other medication or device used in the event of life-threatening situations may be carried by a camper.

Health Forms: A health history is required for each camper. Information should include any physical condition, medications, or allergies requiring special consideration. For a camper under 18 years of age, written consent for emergency medical care is required.

CONSENT AND RELEASE INFORMATION

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for off site trips. The completed forms may be photocopied for trips out of camp.

I release Timber-lee including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives, and assigns. My parent or guardian also promises, by signing below to defend, indemnify, and hold Timber-lee harmless from any claim asserted by me against Timber-lee, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to Timber-lee to photograph the camper during camp activities and to use the photographs in Timber-lee audio-visual and printed materials without compensation or approval rights.

Signature of parent or guardian _____

I also understand and agree to abide with the restriction placed on my camp activities as listed above.

Signature of minor _____ Date _____



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