

UNION GOSPEL MISSION CAMP

CAMPER/VOLUNTEER STAFF MEDICAL HISTORY FOR THOSE UNDER THE AGE OF 18

Participants name: _____ D.O.B. _____ Sex _____

Circle yes or no for each question below::

Yes/No Do you have any physical complaints or illness at this time?

If yes, describe symptoms: _____

Yes/No Have you had major injuries in the past (back, knee, limbs)?

If yes, what type _____

Yes/No Are you currently under the care of a physician or medical practitioner of any sort?

If yes, what for: _____

Yes/No Are you currently taking medicines of any type? If yes, visit with the nurse at registration.

Yes/No Tetanus Booster? If yes, date last given by physician: _____

Yes/No Are you on a special diet? If yes, what type: _____

Have you, or your child, ever had:

Yes/No Diabetes? If yes, are you taking insulin? Do you have your kit with you at camp? **Yes/No**

Yes/No Seizures? If yes, when and what type? _____

Yes/No Asthma? If yes, what type of medication do you use? _____

Yes/No Allergies? To what? _____

Yes/No Food Allergies? Please List _____

Yes/No Are you allergic to bee stings? If yes, what type of reaction? _____

For parent: I give permission for camp staff to administer the following medicines to the above named minor, in case of emergency or illness (check the ones you approve):

Tylenol _____ Benadryl _____ Glucagon (for hypoglycemic diabetic only) _____

Name of Physician _____ Phone _____

Name of insurance provider : _____

(Bring medical insurance or DSHS card to registration to copy)

MEDICAL, MEDIA & CAMP ACTIVITY RELEASE & ARBITRATION FORM

Volunteers, children or dependent minors covered by this medical and hold harmless

agreement: _____ (name of minor)

The undersigned, being the _____ (your relationship) and the person having legal custody of _____ (name of minor), was born on _____ (date of birth), I hereby authorize the minor named above to participate in the youth camp at Union Gospel Mission Camp. I understand the risks involved and agree to hold harmless and indemnify the Union Gospel Mission, Union Gospel Mission Camp, its officers and directors, employees from any and all injuries, claims, disputes, liabilities or actions resulting from any activity. I attest and verify that I understand the risks and dangers involved; that I assume such risks and that I will pay the medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses. I also authorize the Union Gospel Mission, acting through the Camp Director or the Youth Outreach Director, or any adult thereof, into whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical supervision and upon advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act. In case of illness or accident, I consent to the minor being held at the camp medical office or doctor's office and notification sent to the phone number and/or address provided on this agreement. In case of serious sickness or accident, I consent to the minor being sent to a hospital or emergency clinic for skilled medical intervention/treatment.

COVID 19 I agree to not hold UGM Camp / staff or camp partners, liable for any illness or virus contracted by my child while attending UGM camp. I also understand that I am not to send my child to camp if they show any sign of illnesses. I also understand that if my child shows any signs of illness while at camp, they will immediately be sent home.

Release of Video / Photography UGM and partnering ministries often use photo and video of mostly group settings at camp to promote camps to our donors who continue to make this ministry possible. I give permission for UGM staff, volunteers and associated ministries to use photos and videos of the above mentioned child for promotional purposes in print, video and online. I Release UGM of all claims and demands. (Please check one)

☐ YES I GIVE PERMISSION ☐ NO I DO NOT GIVE PERMISSION

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

PROVIDE EMERGENCY CONTACT INFORMATION:

Parent/Guardian name(s) _____

Home or cell phone # _____ Work # _____

Relative or friends name: _____

Home or cell phone # _____ Work # _____

Relative of friends name: _____

Home or cell phone # _____ Work# _____