

Do you carry family medical/hospital insurance? Yes No

Medical Insurance Carrier's Name: _____
Policy or Group #: _____ Phone: (____) _____

- 1). Has camper received the following immunizations? *Diphtheria* (yr. ____), *Whooping Cough* (yr. ____),
 Polio (yr. ____), *Tetanus* (yr. ____)
- 2). Has camper had *Measles* Yes No, *Polio* Yes No, *Mumps* Yes No, *Chicken Pox* Yes No,
Scarlet Fever Yes No.
- 3). Check all that apply to the camper: *Heart Trouble* *Ear Trouble* *Hernia* *Lung
Trouble* *Diabetes* *Seizures* *Bleeding/Clotting Trouble* *Hypertension*
Mononucleosis *Allergies* *Asthma* Yes
- 4). List all allergies: _____

- 5). Are there any activities, handicaps or restrictions for camper? Yes No. If yes please specify: _____

- 6). Are there any medication(s) that camper will bring to camp? Yes No. If yes please specify: _____

***All medications including non-prescription must be given to the camp nurse in the prescription bottle labeled with instructions and will be administered by the camp nurse (per California State Code).**

- 7). Are there any pre-existing conditions medical personnel would need to be aware of? If so please list: _____

- 8). Does camper have your permission to be transported off-site during free time? (Campers may only leave the camp-ground with the youth pastor/leader) Yes No

***Churches may have the option to go as a church youth group off the premises during free time. Students will not be allowed to leave the premises without adult supervision (their youth pastor/leader only). The District office staff will notify the youth pastors/leaders at camp of student's whose parents do not wish for their child to leave the campground. It is the responsibility of the youth pastor/leader to see that the student is properly supervised during this time off the camp premises.**

AUTHORIZATION FOR TREATMENT

I understand that parent/guardian/church is responsible for complete medical charges should injury or illness occur. I understand that the Southern California District of the Assemblies of God's policy, however, will provide for emergency First Aid coverage as a courtesy within it's limits, but only if the camp office has been informed and the person receives medical treatment while at camp. I hereby give permission to the medical personnel selected by the camp, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide and arrange necessary related transportation for me or camper. In the event I cannot be reached in any emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. To the best of my knowledge all history is correct. The person herein described has permission to engage in all prescribed camp activities, except as noted. This completed form may be photocopied by our church to carry during off-site free time. I also give my consent for use of photographs of the person named above, in District promotional videos, publications and/or their web site.

Signature of Parent/Legal Guardian or Camper

Date