



Pacific Southwest District Church of the Brethren

## Youth Retreat

### HEALTH HISTORY and MEDCAL CONSENT FORM

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Camp: \_\_\_\_\_ Sex (circle one): M / F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy

Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect the camper's participation in camp activities.

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Please list any medications the camper will be taking while at camp.

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

In case of emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to be notified if above cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Consent and for medical treatment:

I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to secure the services of a doctor or hospital in case of emergency, as provided in Family Code Section 6900 et seq. without obligating the District.

I/We also consent and assume responsibility for the participation in the event and expressly waive any and all claims against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on account of injury or other damages that may be incurred to this participant or their property:

This form may be photocopied for trips out of camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or legal guardian if camper is under 18 years of age.