

# Health & Medical Release Form

## Campers Under 18yrs



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GuestServices@CampOakhurst.org

### What to do with this form?

- To be completed by *parent or legal guardian*. Return the form to your Group Leader.
- Camper will be **RESTRICTED** from all physical activities until completed Health History with insurance information is on file at camp.

Group \_\_\_\_\_ Camp Dates \_\_\_\_\_

Please print clearly or type.

Camper's name \_\_\_\_\_  Male  Female Age at Camp \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Parent or Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
Emergency Contact (In addition to Parents) \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

### Insurance Information

COMPLETE Information required for emergency purposes

Name of Insured (Parent, Camper, Family)\_\_\_\_  
Insurance Company# \_\_\_\_\_  
Policy # \_\_\_\_\_ Subscriber # \_\_\_\_\_  
Other info a doctor should know: \_\_\_\_\_

### Allergies

Please list all medications, dietary, and environmental allergies, along with treatment plan. If Epi-Pin is required please send one with your camper to camp.

Allergy	Reaction	Treatment

### Medications Required while at Camp

Prescription must be sent in their original bottle/packaging with label.

What? \_\_\_\_\_ Why? \_\_\_\_\_

Dosage? \_\_\_\_\_ Schedule? \_\_\_\_\_

### Dietary Needs

Please describe special dietary requirements including vegetarian, lactose intolerant, etc.

My child has food related allergies & I have filled out the Food Allergy Form. In some cases, an additional fee will be charged for special meals.

## Photography & Email Release Waiver

Yes  No  I give permission to Camp Oakhurst to use quotes, photos, & video footage of the above mentioned person for future promotional materials, including but not limited to, brochures and website postings, without expectation of compensation.

Yes  No  I also give permission to Camp Oakhurst to use my mailing and e-mail addresses for Camp Oakhurst Mailings and information only

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of Parent or Guardian)

## Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities and give authority to Camp Oakhurst officers, agents, servants, or employees to supervise all activities at Camp Oakhurst. I further authorize Camp Oakhurst as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of Parent or Guardian)

## Medical & Liability Release

**MEDICAL RELEASE:** This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur. I agree to hold harmless and indemnify Camp Oakhurst, its officers, agents, and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property as arises out of or in connection with the camp or conference including the use of Camp Oakhurst property, facilities or equipment.

**LIABILITY RELEASE:** I the undersigned, for myself and on behalf of my child(ren) or ward(s) and their personal representatives, assigns, or heirs, (hereinafter referred to as Releasers,) hereby agree to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Camp Oakhurst, their owners, directors, trustees, agents, successors, insurers, or any employee, (herein after referred to as Releasees,) from and against all claims, demands, actions and liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate and / or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

**YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.**

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of Parent or Guardian)