

# ADULT REGISTRATION



In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending Forest Home. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_ Name of Church Group: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Status: \_\_\_\_\_ Camper \_\_\_\_\_ Counselor \_\_\_\_\_  
 Area of Camp: \_\_\_\_\_ The Village \_\_\_\_\_ Adventure Mountain \_\_\_\_\_ Creekside \_\_\_\_\_ Lakeview \_\_\_\_\_ Forest Center \_\_\_\_\_ Ojai Valley  
 Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

*Thank you for selecting Forest Home for your special time away. During your time at camp your photo may be taken which may be used on our website or used in materials to promote Forest Home. Also we stay in touch with our alumni campers and guests via print material and emails. If you rather not have your photo taken while at Forest Home, please check here: \_\_\_\_\_*

*If you do not wish to receive Forest Home updates, please check here: \_\_\_\_\_* **Blessings and may your time with us be full of remarkable memories.**

## MEDICAL CONSENT FORM *REQUESTED MEDICAL INFORMATION (optional):*

Forest Home requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance?  YES  NO Insurance Carrier: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Are all immunizations up to date?  YES  NO -----> If no, please attach explanation.

Has Camper been recently exposed (*within last 3 weeks*) to any kind of Communicable Disease? \_\_\_\_\_

Please List **ALL** Allergies: Drug: \_\_\_\_\_ Insect/Plant: \_\_\_\_\_

Food: \_\_\_\_\_ Diet Restrictions: \_\_\_\_\_

List medications Camper will require while at camp and reason for taking the medicine: \_\_\_\_\_

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 11. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 2. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 12. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 3. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 14. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 5. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 15. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 7. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 17. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |   |
| 9. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            |   |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**PLEASE TURN OVER >>>**

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_ . I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of me. I authorize Forest Home, Inc. to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_