

PERSONAL INFORMATION

Name _____ Birth date _____ Sex _____ Age _____ Spouse _____
Last, First & Initial MM/DD/YY M/F

Home Address _____ Phone _____
Postal Box, Apt, House Number, Street, City, Province(State), Postal Code(Zip) Area Code and Number

Business _____ Phone _____
Postal Box, Apt, House Number, Street, City, Province(State), Postal Code(Zip) Area Code and Number

Emergency Contact _____ Phone _____
Name City/Province Area Code and Number

HEALTH CARE INFORMATION

Medical Insurance Number or **Provincial Health Care** is _____

Name of family physician _____ Phone _____

Any medical dietary restrictions _____ Allergies _____

Activities to be limited _____

I am under the care of a physician for the following condition(s) _____

Current treatments (include current medications and send instructions) _____

When was your last tetanus vaccination? _____ Are your other immunizations up-to-date? _____

Operations or serious injuries (dates) _____ Chronic or recurring illness or medical condition _____

Other diseases or health information _____

MEDICAL WAIVER – Please read and sign

- A Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the camper. In the event I am not able to give consent in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for myself. The completed forms may be photocopied for trips out of camp.
- B In the event of an accident, my medical expenses will be paid for by my Provincial health plan and my extended medical coverage. If that does not completely cover medical expenses, Young Life’s accidental coverage will pay for additional expenses up to a limit of \$5,000.00 for dental and \$25,000.00 for other injuries.

➔ **Signed** _____ Date _____

RELEASE FORM – Please read and sign

I hereby release Young Life, including its trustees, employees and agents, from liability, even involving negligence for my physical injury, including death or illness while at camp, including any Young Life-sponsored travel to and from camp, in consideration of this privilege. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

I have read and understand this Release prior to signing it and I am aware that by signing this Release I am waiving certain legal rights I/my family may have against Young Life.

➔ **Signed** _____ Date _____

➔ **Witness** _____ Address _____
Signature Print Name