



PARTICIPANT 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 or the legal parent/guardian attending VT Ranch. Please be aware that VT Ranch does NOT provide medical or hospital insurance coverage.

Name: _____ Age: _____ D.O.B. _____ Gender: _____ Ht: _____ Wt: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Dates of Camp / Program: _____

Name of Group: _____

Phone Number: (____) _____ Status: _____ Camper _____ Leader

Emergency Contact: _____ Relationship to Camper / Participant: _____

Phone Number: (____) _____

Thank you for selecting VT Ranch for your experience. During your time at camp your photo may be taken which may be used on our website or used in materials to promote VT Ranch. If you rather not have your photo taken while at VT Ranch, please check here: _____

MEDICAL CONSENT FORM / REQUESTED MEDICAL INFORMATION:

VT Ranch requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. VT Ranch 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

Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper / participant:

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

Please explain "Yes" answers in the space on page 2, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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 VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation 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 VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation 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 VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation 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 authorize VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation 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 VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation, 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 VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation 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 _____

For Participants UNDER the age of 18 years:

Signature of Parent / Authorized Legal Guardian _____ Date _____

Answers to "YES" Questions
