

Camp Revolution

General Information/Health History

Full Name: _____ DOB: _____

Age: _____ Height: _____ Weight: _____

Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Health/Accident Insurance Company: _____ Policy Number: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medial insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship : _____

Address: _____ Home Phone: _____ Other Phone: _____

Alternate Contact Name: _____ Alternate's Phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

| Yes | No | Condition | Explanation |
|-----|----|---|--|
| | | Diabetes | Last HbA1c percentage and date: |
| | | Hypertension (high blood pressure) | |
| | | Adult or congenital heart disease/heart attack, chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. | |
| | | Family history of heart disease or any sudden heart related death of a family member before age 50. | |
| | | Stroke/TIA | |
| | | Asthma | Last Attack Date: |
| | | Lung/respiratory disease | |
| | | COPD | |
| | | Ear/eyes/nose/sinus problems | |
| | | Muscular/skeletal condition/muscle or bone issues | |
| | | Head Injury/concussion | |
| | | Altitude sickness | |
| | | Psychiatric/psychological or emotional difficulties | |
| | | Behavioral/neurological disorders | |
| | | Blood disorders/sickle cell tease | |
| | | Fainting spells and dizziness | |
| | | Kidney disease | |
| | | Seizures | Last Seizure Date: |
| | | Abdominal/stomach/digestive problems | |
| | | Thyroid disease | |
| | | Excessive fatigue | |
| | | Obstructie sleepapnea/sleep disorders | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |

List all surgeries and hospitalizations:

List any other medical conditions not covered above:



INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Camp Revolution activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue or activity coordinators. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Camp Revolution, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: Camp Revolution cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any:

Participant Signature

Date

Parent/guardian printed name

Area code and telephone number

Emergency contact and contact number

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/Guardian signature for youth (under 18 years old):

_____ Date: _____