

YOUTH REGISTRATION & MEDICAL CONSENT FORM

In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Riley's Farm Retreat events. Your camper cannot begin the camp program unless this form is completed and the required signatures are provided. Please be aware that Riley's Farm does NOT provide medical or hospital Insurance coverage.

Student Name _____ Age _____ D.O.B. ____/____/____ Sex ____ Ht ____ Wt ____
Address _____ City _____ State _____ Zip _____
Parent Email _____ Dates of Camp ____/____/____ - ____/____/____ Group Name _____
Parent/Guardian Name(s) _____ Day Time Phone (____) _____
Evening Phone (____) _____ Mobile Phone (____) _____
Other Emergency Contact _____ Relationship to Camper _____ Phone (____) _____

Thank you for choosing Riley's Farm for your child's camping retreat. During their time at camp their photo may be taken which may be used on our website or used in materials to promote Riley's Farm. If you would rather not have your child's photo taken, please check here: ☐

Also, we like to stay in touch with our guests through printed mailings and emails. If you do not want updates from Riley's check here: ☐

REQUIRED MEDICAL INFORMATION:

Riley's Farm **REQUIRES** this information in order to provide appropriate medical response in the event of injury and/or illness while at camp. Riley's Farm is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone (____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (____) _____

Name of Family Dentist _____ Phone (____) _____

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

If your child has **ANY CHRONIC** condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES. If a child with special needs comes to Riley's Farm without written authorization, the group or party may be asked to return the child to his/her home.

Please list all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____

Please list ALL allergies: Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine: _____

IMMUNIZATIONS: please fill in the immunization information below **OR** attach a recent copy of your child's immunization record

1. Polio (OPV or IPV) date: _____
2. DTP/DTap/DT/TD (Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only) Date: _____
3. MMR (Measles, Mumps, Rubella) Date: _____
4. Hepatitis B Date: _____
5. Varicella (Chicken Pox) Date: _____

***PERSONAL BELIEFS AFFIDAVIT:** I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any of these diseases, the child may be temporarily excluded from attending for his/her own protection. **Signature:** _____ **Date:** _____

PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK >>>

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to your own group event staff (your designated First Aid Coordinator) to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by my group leaders or by Riley's Farm, who are certified in a minimum of CPR and First Aid by a nationally recognized provider 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 Riley's Farm 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 my group leader or by Riley's Farm to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: 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 may be stocked and dispensed by the First Aid personnel as needed for the comfort of my child.

I have requested Riley's Farm to allow my child 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 child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Riley's Farm, 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 child's participation in Riley's Farm 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 of Parent or Legal Guardian _____ **Date** _____

GENERAL HEALTH HISTORY: REQUIRED. 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 <u>mononucleosis</u> in the last 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. If female, have problems with menstruation... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/insomnia?. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/shortness of breath?... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses/contacts... <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the US in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

IMPORTANT FIRST AID MESSAGE TO PARENTS

We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependent diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

☐ Chronic Asthma

☐ Bleeding/Clotting Disorders

☐ Cardiac Problems

☐ Diabetes

☐ Emotional Handicap

☐ Epilepsy

☐ Nervous Disorder

☐ Physical Handicaps

☐ Seizure Disorder

☐ Requires An Injection Of Any Kind

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the Youth Registration & Medical Consent Form. If no box is checked only the Youth Registration & Medical Consent Form is required.*

2. Send **all prescription meds in original containers**. Your First Aid Coordinator can only administer the med as the bottle reads, so make necessary adjustments with your pharmacy before camp. Over the counter meds must also come in original container. DO NOT SEND MEDS IN PILL BOXES OR BAGGIES AS THEY CANNOT BE LEGALLY DISPENSED IN THIS MANNER.

3. Please do not send up pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send the original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Form for your child to attend camp.** If your child gives his/her own injectable meds (such as insulin) we need only your statement of consent with your signature on the parent portion of the Special Medical needs form. With your consent, your child will be monitored by your First Aid coordinator.

4. If your child is a **type I Diabetic** you must send the following items for your child to attend camp:

1. Glucometer / Strips / lancets

2. Glucagon Pen (*No exceptions)

3. Insulin / syringes

4. Glucogel or Glucose tabs

5. M.D. orders on Special Needs Form / Signature

6. Parent's written consent if child to self administer / signature on Special Medical Needs Form.

- We recommend a "fanny pack" be worn by your child with needed supplies at all times while attending camp.

5. If your child has asthma and uses a nebulizer in addition to an inhaler, please send the nebulizer, medication & dilutant to camp. Asthma is easily triggered by the activities at camp.

6. If your child has severe allergies and uses an epi-pen, we will need Special Medical Needs form with signatures from child's MD and parent.

7. Allergy or growth hormone injections may not be dispensed at camp.

8. **If your child requires any special medical treatment to attend camp, the Special Medical Needs form will need to be completed and signed by you & your child's MD.** In addition, please call the camp @ (909) 790-8463 and ask for the Camp Reservations Supervisor to insure we can meet the needs of your child **BEFORE** sending them to camp.

SPECIAL MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM

Child's Name: _____ Date of Birth: ____ / ____ / ____
 Illness/ Condition: _____
 Dates attending: ____ / ____ / ____ - ____ / ____ / ____ Group Name: _____
 Parent's Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

(Specify dosage, time, route, duration if medication) _____

Special Restrictions / Recommendations _____

Physicians Signature: _____ Date: _____
Physicians Phone: _____ Fax: _____

If you have completed this form your next step is to call the Camp Registration Supervisor at (909) 790-8463

Note any special arrangements made: