



# CAMPING HEALTH, CONSENT AND RELEASE FORM FOR INFANTS/TODDLERS

FOR AREA DIRECTORS	
Area #	_____
Area Name	_____
Trip Leader/Area Dir.	_____
School Name	_____
Camp Dates	_____
Camper	<input type="checkbox"/>
Leader	<input type="checkbox"/>
A-Team	<input type="checkbox"/>
Summer Staff	<input type="checkbox"/>
Work Crew	<input type="checkbox"/>

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

**Note to Parent/Guardian/Guest:** Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history;
2. Medical insurance information; and
3. Proof of physical examination (within past 12 months), verified by Physician's signature, is recommended for all camps (physician's signature required for camps in CO or MN).

**Please make a copy for your records.** Properties are unable to fax or send copies to other properties.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial

Parent or Guardian (or spouse) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Business Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Second Parent or Guardian Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Business Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

If not available in an emergency, notify: Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

ACCIDENT COVERAGE	
I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of \$4,000 (\$2,000 for dental claims). Exception: if the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses. If you have questions, please contact Young Life Benefits and Insurance at (719) 381-1950.	
My insurance company _____	Policy Number _____
Insurance company address _____	
<input type="checkbox"/> <b>Not currently insured</b> – Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.	

← PROVIDE Insurance Information

Health Care Recommendations: A physician's signed verification is recommended to be on file at the time of registration in order for an infant/toddler to attend any camp (physician's verification required for camps in CO and MN).	
I have examined the applicant within the past 12 months. Date examined _____	
In my opinion, the applicant's condition <input type="checkbox"/> does <input type="checkbox"/> does not preclude her participation in an active camp program.	
Licensed Physician's Signature _____	Date _____ Print Name _____
Address _____	Phone (____) _____
<small>Street Address City State/Province Zip/Postal</small>	
Date of form completion _____ *By _____ (*Initial if completed by nurse or physician's assistant)	

← SIGN

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s) \_\_\_\_\_

Current treatment (include current medications) \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion or concussion \_\_\_\_\_

### Recommendations and Restrictions While at Camp

Any treatment to be continued at camp \_\_\_\_\_

Any medication to be administered at camp (specific dosages) \_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects) \_\_\_\_\_

Additional health information/Activities to be limited \_\_\_\_\_

<b>IMMUNIZATION HISTORY:</b> Required immunizations will be determined locally. Record month and year of basic immunizations.				<b>HEALTH HISTORY</b> (Give approximate dates)	
DPT:	Diphtheria	1	1	_____ Frequent Ear Infections	_____ Chicken Pox
	Pertussis (Whooping Cough)	2	2	_____ Heart Defect/Disease	_____ Measles
	Tetanus	3	3	_____ Diabetes	_____ German Measles
TD:	Tetanus			_____ Bleeding/Clotting Disorder	_____ Mumps
	Diphtheria			_____ Hypertension	_____ Hepatitis A
Oral Polio (Sabin) TOPV				_____ Mononucleosis	_____ Hepatitis B
Injectable Polio (SALK)				_____ Convulsions	_____ Hepatitis C
MMR I & II (Measles, Mumps, Rubella)				_____ Epilepsy	
Other				<b>Allergies</b> (Date not needed)	
Tuberculin test given _____ (most recent)				_____ Hay Fever	_____ Penicillin
Haemophilus influenza b (HIB)				_____ Ivy Poisoning, etc.	_____ Other Drugs
Hepatitis B				_____ Insect Stings	_____ Asthma
Chicken Pox (New York camps only)				_____ Other (specify) _____	

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Current medications (provide instructions) \_\_\_\_\_

Other diseases \_\_\_\_\_

Name of family physician \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_

Special health and behavioral considerations \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations\*; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Young Life to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

◀ SIGN

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

◀ SIGN

*\*I have received, reviewed, and agree to the release of my health information as outlined in Young Life's "Notice of Privacy Practices" handout. Additional copies available at [www.younglife.org](http://www.younglife.org).*

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

◀ SIGN

**ACKNOWLEDGEMENT OF INHERENT RISK**

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

\*\*\*INITIALS OF PARENT, GUARDIAN, OR ADULT CAMPER/STAFFER \_\_\_\_\_\*\*\*

◀ INITIAL

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

**WAIVER AND RELEASE**

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

**PHOTO RELEASE**

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

◀ SIGN

I also understand and agree to abide with the restrictions placed on my camp activities as listed herein.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

◀ SIGN

*(If camper is emancipated, proof must be provided prior to camp.)*

Printed name of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Young Life is committed to protecting your personal health information. Personal health information may include such items as health consent forms, medical history information, etc.... This notice about protecting your health information is required by law. It tells you about your rights and how Young Life uses and discloses your health information.

### **Your Health Information Rights**

You have certain rights regarding the health information Young Life has about you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, Young Life is not required to approve your request.
- Request that Young Life notify you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures Young Life has made of your health information.
- In writing at any time, withdraw your permission for Young Life to disclose your health information, except for the information that Young Life disclosed before you stopped your permission.
- Ask Young Life to change your health information if you believe it is incorrect or incomplete. Young Life may deny your request and, if so, will give you the reason(s) why the request was denied.
- Receive a paper or electronic copy of this Notice of Privacy Practices upon request.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one of these rights, contact:

The Young Life Benefits Department  
Attention: Privacy Official  
420 North Cascade Avenue  
Colorado Springs, CO 80903  
(719) 381-1800

### **How Young Life May Use or Disclose Your Health Information**

The law permits Young Life to use or disclose your health information for the following purposes:

**Treatment** - Young Life may use and disclose your health information to help you receive medical treatment and services.

**Example:** Young Life may use your medical history information to ensure that you receive proper medical care, should you become injured.

**Payment** - Young Life may use and disclose your health information to pay for your medical treatment and services.

**Example:** A claim for healthcare services may be sent to Young Life by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

**Health Care Operations** - Young Life may use and disclose your health information to internal auditors.

**Example:** Your health information may be disclosed to the medical staff or quality improvement staff to review the effectiveness of the medical care you received.



**Requirements by Law** - Young Life may use and disclose your health information when the law requires it.

Example: Young Life may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration, problems with products or reactions to medications.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
- To comply with laws and regulations related to Workers' Compensation.
- To allow other government agencies to provide you with benefits and services.

**Health Oversight Activities** - Young Life may disclose your health information to government health agencies for health oversight reasons, such as program audits or licensure review.

**Special Government Functions** – “Special government functions” such as protection of public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

### **Obligations of Young Life**

Young Life is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Young Life is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Young Life reserves the right to change its information practices. The new provisions will be effective for all protected health information that The Young Life Benefits Plan maintains. Revised notices will be made available by contacting the administration office of the camp you are attending.

If you have a complaint about this Notice of Privacy Practices, how Young Life handles your health information, or if you otherwise believe that your privacy rights have been violated by Young Life, your complaint should be directed to:

The Young Life Benefits Department  
Attention: Privacy Official  
420 North Cascade Avenue  
Colorado Springs, CO 80903  
(719) 381-1800

If you are not satisfied with the manner in which Young Life handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC.

There will be no retaliation by Young Life if you file a complaint.