

Attendee's Name

Gender: _____ Birth date _____ Age during event _____
Last First Middle

Home address _____
Street Address City State Zip

Custodial parent/guardian (if under 18) _____ Phone () _____

Home address _____
(if different from above) Street Address City State Zip

Business Name _____ Business/Cell phone () _____

Business Address _____
Street Address City State Zip

Emergency contact (or second parent/ guardian)

Address _____ Phone () _____
Street Address City State Zip

Business address _____ Business/Cell phone () _____
Street Address City State Zip

If the above are not available in an emergency, notify

Relationship _____ Phone () _____

Address _____
Street Address City State Zip

Family Physician _____ Phone () _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group # _____

HEALTH HISTORY

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list)-include insect stings, hay fever, animal dander, etc.

History of any of the following:
Asthma or any breathing problem Diabetes Headaches Seizures Motion Sickness

Please note any other medical history you feel will be helpful _____

Attendee's Name _____ At The Lake Ministries
First Last

MEDICATIONS BEING TAKEN

Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring any medications that may need to be administered while on the trip. **Keep ALL medications, both prescription and non-prescription drugs, in their original packaging/containers.**

This person takes **NO** medication on a routine basis.

This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med # 3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Please attach additional pages if more medications are taken.
Identify any medications taken during the school year that participant does/may not take during the summer: _____

List any medications taken during the past six months not currently being taken _____

PHYSICAL/ACTIVITY RESTRICTIONS

The following restrictions apply to this individual _____

Explain physical restrictions due to (hospitalizations, accidents, illness, etc.) _____

Explain activity restrictions (e.g., what cannot be done, what adaptations or limitations are necessary) _____

DIETARY RESTRICTIONS

No Yes (describe) _____

Are all immunizations up to date Yes No

Has camper been exposed to any contagious diseases in the last 4 weeks Yes No If yes, to what _____

Accommodations

Explain any additional accommodations that will be needed _____

Attendee's Name _____ At The Lake Ministries First Last

Important - These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all At The Lake Ministries activities except as noted.

I hereby give permission to At The Lake Ministries leadership to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the At The Lake Ministries leadership to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that At The Lake Ministries leadership be treated as acting in *loco parentis* if the person herein named is a minor and I am not present. Further, it is my intention that the appropriate representatives of At The Lake Ministries be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to At The Lake Ministries representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to At The Lake Ministries representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to At The Lake Ministries representatives to keep me informed of my child's health status.

In the event I am not present and/or cannot be reached in an emergency, I hereby give permission to the physician selected by At The Lake Ministries leadership to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Signature of parent or guardian or independent adult participant _____

Printed Name _____ Date _____

As parent or legal guardian, I accept the conditions stated, including the release of the W PA UMC and At The Lake Ministries from liability in case of accident or illness. I give permission for the applicant's picture in fishing activities to be used in brochures, publications and visual presentations promoting At The Lake Ministries.

Signature of parent or guardian or independent adult participant _____ Date _____