



Important First Aid Message to Youth Pastors & 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 dependant 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. Send all prescription meds in original containers. We 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 we cannot legally dispense in this manner.**
2. Please do not send up pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Auth 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 the First Aid staff.
3. 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 Needs form.
We recommend a "fanny pack" be worn by your child with needed supplies at all times while attending camp.
4. 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.
5. 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.
6. We do not give allergy or growth hormone injections at camp.
7. 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 and your child's MD. In addition, please call the camp First Aid Coordinator @ (909)389-4326 to insure we can meet the needs of your child **BEFORE** sending them to camp.



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 Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital Insurance coverage.

Student Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Dates of Camp _____ Name of Church Group _____
 Status: _____ Camper _____ CCA _____ Counselor _____ KP _____ Grade (For summer camps, indicate grade in Fall) _____
 Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center _____
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____
 Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or use them in other materials to promote Forest Home.

I do not want to be sent any Forest Home promotional materials in the future.

CONFIDENTIAL Medical Information:

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

Insurance Carrier _____ Policy # _____
 Name of responsible Party _____ Social Security # _____
 Address _____ Phone (_____) _____ Relationship to camper _____
 Name of Family Physician _____ Phone (_____) _____

Date of last Tetanus Shot _____ Are all immunizations up to date? Y/N If no, please attach explanation.

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

If your child has Chronic 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 Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

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. _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff 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 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 Forest Home, Inc. 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 Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

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 are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. 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 Forest Home Inc., 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 Forest Home, Inc.'s 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 _____