



Christian
Conference
Center

Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Adult

In order to comply with state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending activities held at the Oak Glen Christian Conference Center (OGCCC). Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail _____ Date(s) at OGCCC _____ Name of Group _____

Emergency Contact _____ Phone _____

Medical Information:

Are you covered by medical/hospital insurance? Yes No

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes No

**If no, please attach explanation*

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

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If you have 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 require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

Adult Release of Liability and Medical Consent Form

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities:

Please list ALL allergies:

Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications you will require while at camp and reason for taking the medicine:

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC 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 guest with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC 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 OGCCC to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: 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 authorize OGCCC to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their 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 participation in OGCCC'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 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 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 _____ Date _____



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Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Minor

In order to comply with state laws we ask for the following Health History/Medical Consent Form completed by the parent or legal guardian for each camper under the age of 18 attending events held at the Oak Glen Christian Conference Center (OGCCC). The minor cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Student Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Grade in School _____

Parent/Guardian Name(s) _____ Daytime Phone _____

Evening Phone _____ Mobile Phone or Pager _____

Emergency Contact (other than parent) _____ Relationship to Camper _____

Daytime Phone _____ Evening Phone _____

Names of anyone other than parent/guardians(s) authorized to pick up or sign camper out of camp:

Medical Information:

Is your child covered by medical/hospital insurance? Yes No

Insurance Carrier _____ Policy # _____

Name of Responsible Party

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes No

**If no, please attach explanation*

Has your child recently been exposed (within last 3 weeks) to any kind of communicable disease?

Minor Release of Liability and Medical Consent Form:

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. 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 require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home. 1 of 2

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 administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC 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 healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC 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 OGCCC 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 OGCCC's 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 by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my child.

I have requested OGCCC 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 and/or web site. 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 Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their 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 OGCCC'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 _____ Date _____



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Health Screening Form

Required for all minors unaccompanied by a parent or guardian.

Camper Staff

Last Name _____ First Name _____ Middle Initial _____

Camp Name _____ Date _____

Health screening of campers and staff is critical to prevent an illness outbreak from starting. Per Title 17, Section 30750 of the California Code of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. Ideally, pre-screening of campers and staff should be done prior to arriving at camp to prevent the spread of illness. Records for the health screening must be maintained at the camp. The screening should include the following inquiries:

No	Yes	Health History
<input type="checkbox"/>	<input type="checkbox"/>	Have you been exposed to any known contagious disease in the last week? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has a copy of the staff/camper immunization record been obtained?

No	Yes	Have you shown any of, or been in contact with others who exhibited, the following symptoms <u>within the past 24 to 48 hours</u> prior to camp arrival?
<input type="checkbox"/>	<input type="checkbox"/>	Fever (Oral temperature 100.4°F or above)
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat with fever
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Severe itching of body or scalp
<input type="checkbox"/>	<input type="checkbox"/>	Open draining sore on skin
<input type="checkbox"/>	<input type="checkbox"/>	Severe headache
<input type="checkbox"/>	<input type="checkbox"/>	Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body
<input type="checkbox"/>	<input type="checkbox"/>	Rash

Signature of Health Supervisor _____ Date _____