

**Peninsula Community Church**

**August 20 -23, 2010**

**INTER-VARSITY CHRISTIAN FELLOWSHIP OF THE UNITED STATES OF AMERICA®**

d/b/a Campus by the Sea

**MEDICAL HISTORY**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(street) (city and state) (zip)

ALLERGIES: Check and specify any reactions to Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_ Insect Bites \_\_\_\_\_

EXPOSURE to contagious or infectious disease (including cold or flu) in past 3 weeks?

IF YES, which one \_\_\_\_\_

Any reason for LIMITED ACTIVITY? Please specify \_\_\_\_\_

If UNDER CARE OF PHYSICIAN in the past 3 years for medical, surgical, or emotional reasons, please provide general information. \_\_\_\_\_

CURRENT MEDICATION REQUIRED? Specify drug and dosage \_\_\_\_\_

PAST/PRESENT ILLNESS OR INJURY: Check and give date

_____ allergies (asthma, hay fever, eczema, others)	_____ mumps	_____ major accident
_____ sinus trouble	_____ measles	_____ convulsion/seizures
_____ frequent colds, sore throat	_____ chicken pox	_____ major surgery
_____ headaches	_____ bronchitis	_____ kidney/bladder trouble
_____ fainting	_____ tuberculosis	_____ heart trouble
_____ abscessed ears	_____ mononucleosis	_____ stomach upsets
_____ night sweats	_____ oral medication	_____ joint injury/disease
_____ diabetes: controlled by diet?	_____ insulin	

IMMUNIZATION AND TESTS: Check if current

_____ tetanus; date _____	_____ diphtheria	_____ polio
_____ typhoid	_____ tuberculin	_____ others

IF OVER 18, PLEASE SIGN \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S CONSENT FOR EMERGENCY TREATMENT**

The undersigned hereby authorizes Campus by the Sea's director or representative to obtain such medical aid or assistance as might be required for the immediate care of my son/daughter/other in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination, or hospitalization such as might be ordered by a duly licensed medical doctor. In no event will Campus by the Sea, its officers or representatives, be held liable for any first aid rendered or treatment performed pursuant to this consent. This authorization shall remain effective during 2010.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(father, mother, or legal guardian)

In case of emergency, please notify:

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**IMPORTANT: Please attach a copy of the front and back of the applicable insurance card to this form. If treatment is required at the Avalon Municipal Hospital & Clinic, and a copy of the front and back of the applicable insurance card is not provided, the services will be billed as "self pay" until a copy of the insurance card is provided.**

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**INDIVIDUAL RELEASE  
(Release must be signed by camper and parent or legal guardian.)**

I understand that Campus by the Sea, a camp operated by INTER-VARSITY CHRISTIAN FELLOWSHIP OF THE UNITED STATES OF AMERICA® (INTER-VARSITY), has rustic facilities, is located on a rugged mountainous island, and is accessible only by boat or by foot. I also understand that participation in any activities, recreational or otherwise, will carry risks inherent to such activities and to the wilderness location.

Of my free will, I desire to participate in activities which carry a special risk of injury or loss to person or property including, but not limited to: swimming in open water, sailing, water-skiing, snorkeling and skin diving, hiking, travel by public carrier, and/or organized games, and understand that such activities carry inherent risks.

In consideration for being permitted to engage in this activity, I agree to abide by all expressed rules and requirements for the activity. For myself and any who would claim under me, I release and discharge INTER-VARSITY, its trustees, employees, and agents from any liability resulting from loss, injury, or damage to my person or property as a result of my attendance at or participation in this activity, excluding any liability arising solely from the negligent actions of INTER-VARSITY, its trustees, employees, or agents.

Camper's Name \_\_\_\_\_  
(please print or type)

Camper's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For campers under the age of 18:**

I consent to participation by \_\_\_\_\_  
(print name of camper)

in the above described activity(s) and fully agree with this release.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**GROUP LEADER: Please print this document "back to back" with Medical History Form, (double sided) and distribute to each participant to sign (parent or guardian must sign if under 18). All participants, including program staff and adult chaperones/counselors, must complete these forms.**

(OVER)