lion's ridge

Expedition Health Form

(One person per form. A new form must be completed each year.)

Name_____ Birthdate _____ Age_____ Sex_____
(Last) (First)

Parents/Guardians _____ Home Ph. ( ) _____

Home Address _____ Work Ph. ( ) _____

City _____ State _____ Zip _____ County _____

A separate Health Form must be completed for each camper. Registrations will not be accepted without a completed Health Form.

HEALTH HISTORY (To be completed by parent/guardian)

Name of Physician _____Physician's Phone # ( ) _____

Insurance Carrier _____Policy/Group_____

Insurance Carrier Phone # ( ) _____Does carrier require prior notification? Yes No

List All Current Medications/Dosage* _____

_____

Any Activities to be Restricted? (List) _____

Date of Last Tetanus Booster _____ Dietary Modifications**_____

	(Circle One)		Comments
SEIZURES	NO	YES	_____
HEART PROBLEMS	NO	YES	_____
DIABETES	NO	YES	_____
ASTHMA	NO	YES	_____
ALLERGIES	NO	YES	_____
BLOOD DISORDERS	NO	YES	Hemophilia _____ HIV _____ Other _____
SERIOUS INJURIES	NO	YES	List w/Dates _____

_____

SURGERY NO YES When & What For? _____

_____

HOSPITALIZATION NO YES When & What For? _____

_____

CHRONIC/RECURRING ILLNESS NO YES (List) _____

_____

OTHER HEALTH CONCERNS (List) _____

_____

Any additional health information may be written on the back of this form.

*All medications (with the exception of rescue inhalers for asthma) must be turned in to the camp staff.

Please send along written notice of any changes in medications and/or dosages at the time your child is camping. All medications must be sent in ORIGINAL containers.

**Dietary Modifications: Make special arrangements with the camp staff 2 weeks prior to date arriving. (406.582.9757).

EMERGENCY AUTHORIZATION - LIABILITY WAIVER - HEALTH INFORMATION RELEASE

1. I give permission to the camp to provide ongoing health care. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.

2. I realize that many of the activities at Lion's Ridge are potentially dangerous and will allow my child to participate in them, knowing of this danger. I will accept personal responsibility for any and all injuries incurred by my child while at camp.

3. To be in compliance with HIPPA privacy regulations, I authorize release of protected health information (diagnosis and treatment) to any Lion's Ridge staff member in need of this information to care for my child's ongoing health needs while at camp.

_____ _____
(Signature of Parent/Guardian) (Date)