



220.00

CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: _____ Birth date: _____ Gender: M: ___ F: ___ Age: _____
Last First M. Init.

Name of Parents/Guardians (or spouse): _____ Phone: (____) _____

Home Address: _____
Street City State Zip

Email Address: _____

Church: _____
If not available in an emergency please notify:

1. _____ Phone: (____) _____
Name Relationship

2. _____ Phone: (____) _____
Name Relationship

Check all that apply, giving approximate dates

Health History	Date	Allergies	Date	Diseases	Date
_____ Frequent Ear Infections	_____	_____ Hay Fever	_____	_____ Chicken Pox	_____
_____ Heart Defect/Disease	_____	_____ Poison Ivy, etc.	_____	_____ Measles	_____
_____ Convulsions	_____	_____ Insect Stings	_____	_____ German Measles	_____
_____ Diabetes	_____	_____ Penicillin	_____	_____ Mumps	_____
_____ Bleeding/Clotting Disorders	_____	_____ Other Drugs	_____	_____ Asthma	_____

Allergies (describe reactions/treatment): _____

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medical/Health Insurance Company: _____ Policy or Group #: _____

IMPORTANT: Please notify us if this individual is exposed to any communicable disease during the three weeks prior to attending.

Medications: All medications must be in original pill bottles!

Medication 1: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

Medication 2: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

(If more medications are necessary please use the back of this form)

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: _____ Date: _____



Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., its officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant Information

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Name(s)		
Address		
City	State	Zip

Applicant's Signature	Date of Birth
Applicant's Signature	Date of Birth
Applicant's Signature	Date of Birth
Applicant's Signature	Date of Birth
Applicant's Signature	Date of Birth

Parent or Guardian Signature _____ Date / /

*Required if applicant is under 18 years of age



E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

Food Allergy Action Plan

Completion of this form is necessary only if participant has a food allergy

Name: _____

Group: _____

Allergy To: Dairy Wheat Eggs Peanuts Tree Nuts Other: (Please list)

Physician: _____ Phone #: _____

Emergency Numbers
Name: _____ Phone #: _____

Name: _____ Phone #: _____

PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION CHECK ALL THAT APPLY

This Occurs:
My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- Administer oral medication And
Name _____
Dosage _____
- Administer adrenaline (Epi Pen)
 - Immediately
- If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

**** Please Note: Expeditions Unlimited cannot provide specialized meals for participants but we can provide a couple of additional options, as well as inform students of the ingredients found in prepared food.**

Please return this form 2 weeks prior to scheduled arrival date.
If returned later than 2 weeks additional options may not be available.

Comments regarding other accommodations: _____

Parental Signature: _____ Date: _____



Minor Rental Release Form

I hereby release Ski Enterprises of Wisconsin, Inc. and its employees from any liability for damage to any persons or property resulting from the use of any equipment rented during the 2017-2018 ski season.

I understand the bindings furnished are the release type designed to reduce the risk of injuries from falling, and these bindings will not release under all circumstances and that there are no guarantees for my safety.

I understand that the ski binding is pre-adjusted to a specific weight and that I must give Devil's Head my correct weight and ability so that the proper binding selection can be made. I WILL NOT adjust the binding on my own. If difficulty occurs, I will return to the rental building for assistance. I agree to reimburse the ski shop for loss of any equipment and for breakage.

Signed _____

Date _____

I consent for _____ to ski and agree, as Guardian, to the above conditions for said minor.

Guardian _____
**Parent or legal guardian must sign for any child under 18 years of age.

Group Name _____

Please Note: For any individual who will be skiing more than once during the season, this form will need to be signed only once and will be kept on file at Devil's Head.

S6630 Bluff Road
Merrimac, WI 53561
608-493-2251
800-472-6670
Fax 608-493-2176
www.devilsheadresort.com

PARENTAL CONSENT FORM



Name _____ Age _____

Birthdate _____ Phone _____

Address _____

City _____ State _____ Zip _____

School _____ Grade in _____

Parent(s) Cell _____

T-Shirt Size _____

Food or Medical Allergies _____

To Whom it may concern: The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Bethel Baptist Church in the 2018 school year. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical or dental diagnosis or treatment, and Hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission of our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Bethel Baptist Church.

Hospital Insurance Yes [] No [] Policy Number _____

Insurance Company _____

Participant _____ Date _____

Father _____

Mother _____

Legal Guardian _____

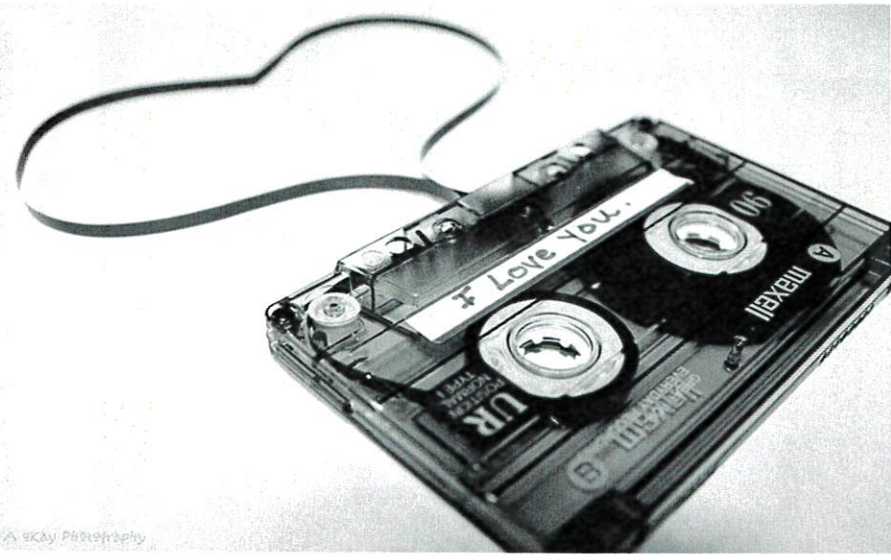
Emergency contacts (if different from parents) _____

WHAT TO BRING:

- A non-electronic Bible
- Bedding (sheets, blankets or sleeping bag)
- Pillow
- Winter clothes
- Shoes for indoor activities
- Sleeping attire
- Towel and toiletries
- Money for food there and back; spending money if you are going to the mall.

WHAT IS NOT ALLOWED:

- Cell phones (Expeditions Rules)
- Drugs
- Alcohol
- Weapons
- Pranks
- Negative attitudes
- Electronics of any kind



SNOWBLAST
2018



HIGH SCHOOL WINTER RETREAT

December 26th-29th

- Cost: \$220 (additional costs for skiing or snowboarding, lift tickets are \$22, rentals are \$18)
- Where: Expeditions Unlimited, Baraboo, Wisconsin (Snowboarding is at Devil's Head Resort)
- Sign-up deadline Dec 10, 2018
- Buses leave at 1:30pm. Be at Bethel Baptist Church on December 26 no later than 1:15pm
- We will be back no later than 6:00pm on December 29th (depending on weather)
- Any questions, comments, or concerns, call, text or e-mail Zach Klundt at 309-798-8015 klundt@mybethel.com

SNOWBLAST:

Snowblast is our winter retreat that we take every year. We travel to beautiful Baraboo, Wisconsin. Join us as we get away from the normal day to day grind, and have a time of reflection, community and growth.

LOVE SONGS:

Our Theme this year is Love Songs. We listen to music daily, but do we really listen to the words? We want to look at songs and see what they are saying regarding dating, love and sex and see how they line up with God. This is going to be a tremendous opportunity to talk freely and openly about relationships.



LIABILITY RELEASE FORM (Release of All Claims)

In consideration for being accepted at Bethel Baptist Church for participation in 2018 Bethel Baptist Student Ministries Events, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Bethel Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (If the participant has not attained the age of 18 years): We (I) (are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Participant	
Father	
Mother	
Legal Guardian	
Parent(s) Telephone	
Physician	Physician Phone
Emergency phone number	
TRIP PARTICIPANT ONLY - I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.	
Participant	Date

