

WHICH CAMPERS NEED A PHYSICIAN SIGNATURE?

For Summer 2019 at Crooked Creek Ranch & Frontier Ranch

At Frontier & Crooked Creek, when “submit” is pressed on an online health form, the user receives a prompt, followed by an email, informing the user that they still need to obtain a Physician Signature. Once a health form is in the AWAITING PHYSICIAN status, please use this guide to check over the health form to discern whether or not the camper will need to obtain a physician signature or if they qualify for the waiver. Most campers will have a sufficiently completed health form in the AWAITING PHYSICIAN status. Health forms in the STARTED status are not sufficiently completed.

As in the past, every individual attending camp needs a sufficiently completed health form.

younglife Camping Health, Consent and Release Form

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel to and from, and attendance at, this specific camp. A new form must be completed for each Young Life Camp experience.

Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history
2. Medical insurance information
3. Proof of physical examination, verified by physician's signature, is required for campers, leaders and volunteers attending Beyond Malibu or camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, RMR, Rocky Creek Ranch, or Wilderness Ranch).
4. Pregnant and Post-Delivery Teens: Pregnant teens and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. **Teen moms less than 6 weeks post-delivery on camp date may not attend. Pregnant teens over 34 weeks are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.**

Home Area: Frontier Ranch (5300)
Camp: Frontier Ranch (5300)
Guest Type: Camp Staff
Session/Week:
Camp Staff
Camp Dates:
3/14/2018 to 3/14/2019
Started: 3/9/2018 11:00:31 AM
Submitted:
Version: 6

CAMPER/GUEST

Name: Tattershall, Brandon	Birth Date: 1/8/1965	Gender: M	Age: 53
Parent/Guardian/Spouse: Lisa Tattershall	Cell Phone: 7199669126	Email: ltatt71@gmail.com	
Home Address: PO Box 457, 103 Grouse Road Buena Vista CO 81211	Home Phone: 7192719034		
Business Address: PO Box 457, 103 Grouse Road Buena Vista CO 81211	Business Phone: 7199669126		
Second Parent/Guardian: Carolyn Sunderlin	Cell Phone: 7195552222	Email: sunnyc@gmail.com	
Home Address: PO Box 457, 103 Grouse Road Buena Vista CO 81211	Home Phone: 7192719034		
Business Address: P O Box 457, 103 Grouse Road Buena Vista CO 81211	Business Phone: 7199669126		
Emergency Contact: Lisa Tattershall	Cell Phone: 7199669126	Email: ltatt71@gmail.com	
Home Address: 103 Grouse Road, PO Box 457 Buena Vista CO 81211	Home Phone: 7199669126		

EVERY line in the orange box must be completed:

- Name
- Birthday
- Gender
- Age
- TWO Parent/Guardians
- ONE Emergency Contact

Biometrics

N 1. Has the applicant been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that could limit participation **at camps with an altitude 7–14,000 feet?**
If yes, please explain the condition and expected treatments:

N 2. Does the applicant have any additional medical conditions, including those above in #1 which could limit participation **in an active camp program regardless of the elevation?**
If yes, please explain the condition and expected treatments:

N 3. The applicant is authorized to carry an inhaler, epi pen, and other emergency medications with them at all times.

I have examined the applicant within the past 12 months. **Date examined** _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____

Physician's Signature* _____ **Date** _____ **Print Name** _____
May be signed by Physician, Nurse Practitioner, or Physician's Assistant if required

Address _____ **Phone** () _____

Conditions, Illnesses, Injuries

The applicant is currently under the care of a physician for the following condition(s)

List any medication/treatment to be continued at camp (specify dosages)

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (include dates)

Explanation of any reported loss of consciousness, convulsion or concussion

Any camp activities from which applicant should be excluded

IMMUNIZATION HISTORY

Applicant has been immunized. SEE ATTACHED

Applicant will bring a paper immunization record (e.g. from physician) to camp

DTaP (Diphtheria, Tetanus, & Pertussis) **Date:** _____

TD (Tetanus and Diphtheria) **Date:** _____

MMR (Measles, Mumps, Rubella) **Date:** _____

Polio (OPV or IPV) **Date:** _____

Hepatitis B **Date:** _____

Varicella (Chicken Pox) **Date:** _____

Hib (Haemophilus influenza B) **Date:** _____

Other **Date:** _____

HEALTH HISTORY

Check if applicant has:

Asthma

Bleeding/Clotting Disorder

Convulsions in last 60 days

Diabetes

Epilepsy

Frequent Ear Infections

Heart Defect/Disease

Hypertension

Sickle Cell

Has applicant had (include date):

Chicken Pox **Date:** _____

Measles **Date:** _____

German Measles **Date:** _____

Mumps **Date:** _____

Hepatitis A **Date:** _____

Hepatitis B **Date:** _____

Hepatitis C **Date:** _____

Mononucleosis **Date:** _____

Currently pregnant **Due date:** _____

Delivered baby in last 12 weeks **Delivery date:** _____

If ANY of the following information is reflected in the **blue box**, then **the camper needs a physician signature:**

- "Y" marked on questions 1, 2, and/or 3 in the Health Care Recommendations section
- Any description of medical conditions pertaining to the following systems: blood, neurological, heart/cardiovascular, respiratory, and/or metabolic
- Any listing of physical disabilities

If ANY of the boxes are checked in the **green boxes**, then **the camper needs a physician signature:**

- Asthma
- Bleeding/Clotting Disorder
- Diabetes
- Epilepsy (seizures)
- Heart Defect/Disease
- Sickle Cell
- Currently Pregnant
- Delivered baby in last 12 weeks