Emergency Information and Release Form for Youth Attending Camp de Benneville Pines

Name	DOB		Age at camp			
Address	(City/State	Zip			
Phone #2	Email/SMS					
Gender: Male Female	Gender NeutralWill you b	e out of town wh	nile your child is at camp? YES / NO			
Additional Parent/Guardian or E	Emergency Contact (required)					
Home Phone	Cell Phone		Email			
If not available, Notify:			Relationship			
Home Phone	Cell Phone		Email			
Please initia	l each Release below and subm	it to camp as p	art of the Check-in process			
Medical Release						
to provide routine health care, a rays or routine tests. I agree to permission to the camp to arra gency, I hereby give permissio	administer prescribed medications the release of any records necess nge necessary related transportations	s, and seek ement sary for treatment tion for my child camp to secure	ed below. I hereby give permission to the cam rgency medical treatment, including ordering on the referral, billing or insurance purposes. I given the event I cannot be reached in an emere and administer treatment, including hospital ps out of camp.			
Release of Liability						
result of engaging in camp act from liability even though that I	ivities. This discharges in advanc liability may arise out of their neg	e Camp de Ben ligence. I know	injury or property damage that may occur as nneville Pines, its employees and other agent that being in a forest retreat setting involves umption of risk is binding on my heirs and as			
Release of Contact Information	on					
	y contact information above will be will not share any information with		amp so they can keep me in the loop on what ties, ever.			
Photo Release						
taken during camp session act used by Camp de Benneville F	ivities. I further give permission a	nd consent that nd promote the	y registration to allow photographs/video to be t any such photographs may be published an camp experience, Camp de Benneville Pines rmission.			
	Emergency I	nformation				
Medical Insurance Companyinsurance card to form)		(8	attach a photocopy of front and back of health			
Policy #	Gr	oup #				
			cle all that apply) Other			
Explain any restrictions to activitional information)	ity: what cannot be done, what ac	laptations or lim	itations are necessary (use other side for add			
Known allergies to food, medica	ation and/or anesthetics, environm	nental factors (us	se other side for additional information)			
Describe reaction and usual ma	anagement of reaction (use other	side for addition	al information)			
Signature			Date			

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Circle one:	the camper takes NO medica	ations on a routi	ne basis	the camper takes n	nedications as follows:		
Med #1	Med #1 Dosage		Sp	Specific times taken each day			
	for taking				·		
Med #2		_ Dosage	Sp	ecific times taken each da	у		
	n for taking						
		Attach additional	pages for mor	e medications			
General Question	ons (explain "yes" answers below)						
Has/does the camper			4.0		V / N		
	recent injury, illness or infectious disease		16.	•	Y / N		
	nronic or recurring illness/condition?		17.		s (e.g. knees, ankles)? Y / N		
	n hospitalized?surgery?		18. 19.		eing brought to camp? Y / N itching, rash, acne)? Y / N		
	uent headaches?		20.		Y / N		
	a head injury?		21.		Y / N		
	h knocked unconscious?		22.		st 12 months? Y / N		
	sses, contacts or protective eyewear?		23.		constipation? Y / N		
	frequent ear infections?		24.		king? Y / N		
	sed out during or after exercise?		25.		menstrual history? Y / N		
	n dizzy during or after exercise?		26.		?Y / N		
	siezures?		27.		Y / N		
	chest pain during or after exercise?		28.	Ever had emotional difficulties			
	high blood pressure?				Y / N		
Ever beer	n diagnosed with a heart murmur?	Y / N	29.	Waived or missed any sched	uled immunizations? Y / N		
Please explain a	ny "yes" answers, noting the nu	ımber of the que	estions:				
Name of family r	ohvsician			Phone			
Name of family of	dentist/orthodontist			Pnone			
Permission Fo			_		to Camp california. I understand that the		
once my child once contacted by m	checks out of camp on the final	day, the camp is arpool to and fro	no longer om camp wi	responsible for the safety of	time of registration. Furthermore, of my child. Unless otherwise ase include names of all adults		
Name			Hm Pho	ne Ce	Il Phone		
Name			Hm Pho	ne Ce	Il Phone		
Name			Hm Pho	ne Ce	Il Phone		
Name			Hm Pho	ne Ce	Il Phone		
I hereby give per my child/ward; of my child/ward named above.	and in the event I cannot be read to hospitalize, secure proper t	ached in an eme reatment for, an I recognize tha	rgency, I he d to order i at neither de	ereby give permission to th njection and/or anesthesia e Benneville Pines, Inc., no	routine tests and treatment for e physician selected by the driver and/or surgery for my child/ward r the Pacific Southwest District of		
Signature of pa	rent/guardian				Date		
	my child will be transported to and				<u> </u>		
To Camp - Pho	ne		Alter	rnate Phone			
From Camp - P	Phone		Alte	rnate Phone			