

Leadership Advance
RELEASE AND MEDICAL HISTORY FORM

Attendee Name _____ Birth Date _____ DOB _____

Address _____ City _____ State ____ Zip _____

Phone (____) _____ Cell Phone (____) _____ email _____

Parent or Guardian, please fill in and sign this form and either send it in prior to the event or bring it with you when you drop your son off.

I, the undersigned, do hereby authorize Sequoia Brigade Camp as agents for me to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Permission is also given to Father/Son Team Day staff, the "substitute dad," ambulance, paramedic, EMT or First Responder personnel to give first aid as needed.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of aforesaid physician and/or first aid provider in the exercise of his or her best judgment. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and similar provisions in other states or countries.

The above named minor has my full permission to the Leadership Advance and to participate in all activities, except as noted below. I understand that he will be expected to obey all rules and confine his activities to those areas deemed safe by staff. In the event of a claim, family insurance will be billed.

The above named camper is covered under the following health care plan:

Company Name _____ Insurance Phone Number (____) _____

Mailing Address _____

Plan / Group / Policy Number _____ or Medi-Cal Number _____

Camper's Health Information:

Are Immunizations current? Yes No Date of last Tetanus shot _____ (required within 10 years)

This minor is currently experiencing or has recently had problems with:

ADD/ADHD Allergies (list on back) Asthma *my child may retain an inhaler* Yes No

Heart Condition Nose Bleed Sensitivity High Temperature when ill

Diabetes Poison Oak Sensitivity Hypoglycemia

Other (Specify) _____

Medications to avoid (specify) _____

If any medications must be taken, please list them on the back of this form by specific name and how often they must be taken. Include any specific instructions. All prescription and over the counter medications must be retained and administered by the "substitute dad" in accordance with these instructions.

If there are any conditions which might make portions of the Father/Son Team Day activities difficult, please indicate:

I authorize use of photos or video taken of my child at the Father/Son Team Day for promotional purposes.

This authorization shall remain in effect until December 31, 20____ unless sooner revoked in writing and delivered to Sequoia Brigade Camp.

Emergency Information: Please provide the BEST way to reach you, including cell or pager #

Parent or Guardian Name _____ phone numbers _____

Alternate Emergency Contact _____ phone numbers _____

Parent or Guardian Signature _____

Relationship _____ **Date** _____