

Medical, Liability, and Permission

Health Information

1. The mobility of some events plus unpredictable weather changes can be detrimental to some people.

a. Describe any health factor that makes it advisable for you to limit your physical activity:

b. Please state limitations:

2. Date of last tetanus shot or booster: _____

3. Any allergies? Yes ___ No ___

4. Name(s) of medication(s) brought: _____

5. Please list the reason(s) for medication(s) and signs of needing medication:

6. Name of primary care physician: _____ Phone: _____

7. Person to contact in case of emergency: _____

Phone: _____

If a serious emergency arose, it might be necessary for a physician to attend to you. Such care can be provided only if you sign the following Authorization for Medical Treatment. I hereby authorize that emergency/medical treatment and/or surgical care (including the administration of an anesthetic if a physical advises surgery) may be provided for me while participating in activities. I also authorize the adult chaperones to act on my behalf in order to protect me when the person I listed as my emergency contact cannot be reached and/or when delay would be dangerous in case of illness or accident.

Authorization for Medical Treatment

Signature: _____ Date: _____

Health insurance company: _____

Phone number: _____ Policy number: _____

Permission Form

I hereby release and discharge Camas Meadows Bible Camp and its staff for all claims of damage demands actions whatsoever in any manner arising out of my participation in activities. I have knowledge of the planned activities. Except for those limitations named above on the health form I certify I am healthy and fit to participate in the activities attended.

Signature: _____ Date: _____

Emergency Medical Release and Liability Waiver

1) I give consent to any emergency medical treatment deemed necessary by the Camas Meadows staff for myself, _____. 2) I absolve Camas Meadows Bible Camp and its personnel of liability for any accident or illness caused by my participation in the camp program. I am not aware of any physical or other limitations that would hinder me from participating in the camp program.

Signature: _____ Date: _____

Background Information

Have you ever been accused or involved in the sexual or physical abuse of others?

Have you ever been asked to step away from ministry or work with children?

Have you ever been accused or convicted of possession/sales of controlled substances or of driving while under the influence of alcohol or drugs?

Are you currently using or have recently used (within the current school year) illegal drugs (including alcohol or tobacco if under aged?)

Have you ever been arrested or convicted of any criminal act more serious than a traffic violation?

*Answering "yes" to any of these questions doesn't necessarily disqualify you from working at Camas Meadows Bible Camp

Sign permission for a Criminal Background Check: _____

Drivers license number: _____ State: _____