



CAMPING HEALTH, CONSENT AND RELEASE FORM

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

Note to Parent/Guardian/Guest: Antioch Community Church (ACC) 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; and
3. Optional: We highly recommend a physical examination, verified by Physician's signature, especially if you have any concerns whether your child (if he or she is a minor) will be able to complete a multi-day backpacking trip in the Colorado high country.

Please make a copy for your records.

Email _____

Name Last First Middle Initial Birthdate Sex Age

Parent or Guardian (or spouse) Cell Phone

Home Address Street Address City State Zip Home Phone

Business Address Phone

Second Parent or Guardian Emergency Contact

Home Address Street Address City State Zip Home Phone

Business Address Phone

If not available in an emergency, notify: Name

Home Address Street Address City State Zip Home Phone

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper accidents and the ACC's insurance is secondary. ACC's policy does not cover camper illnesses.

My insurance company Policy Number

Insurance company address

Not currently insured - ACC reserves the right to subrogation if it is later determined that personal medical insurance was in place.

(Optional) Health Care Recommendations: We recommend a physician's signature be on file at time of registration for teens attending an Antioch Community Church wilderness trip in Colorado. A parent can complete the following health care recommendation if these conditions do not apply. Antioch Wilderness trips can include hiking above 14,000 feet of elevation.

Physician: I have examined the applicant within the past 12 months. Date examined
In my opinion, the applicant's condition ___ does ___ does not preclude his/her participation in an active camp program.

Licensed Physician's Signature Date Print Name

Address Phone

Date of form completion *By (*initial if completed by nurse or physician's assistant)

Height Weight Blood Pressure

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

Current treatment (include current medications) _____

Explanation of any reported loss of consciousness, convulsions or concussion _____

Recommendation and Restrictions While at Camp

Any treatment to be continued while camping _____

Any medication to be administered while camping (specific dosages) _____

Any medically-prescribed meal plan or dietary restrictions _____

Any allergies (food, drugs, plants, insects) _____

Any camp activities from which parents/guardians want child excluded? (CO camps have rigorous activities at elevations from 7-14,000+ feet) _____

Additional health information/activities to be limited _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Record month and year of basic immunizations.		
DPT: Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	3
TD: Tetanus		
Diphtheria		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
MMR I & II (Measles, Mumps, Rubella)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		
Chicken Pox (New York camps only)		

HEALTH HISTORY (Give approximate dates)		
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Measles	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> German Measles	<input type="checkbox"/> Convulsions in last 60 days
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Currently Pregnant	<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Has delivered baby in last 10 weeks	<input type="checkbox"/> Hepatitis C	
Allergies (Date not needed)		
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Ivy Poisoning, etc.	<input type="checkbox"/> Other Drugs	
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Other (specify)		

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Prescription medications being brought to camp (MUST be in original containers) _____

Other diseases _____

Name of family physician _____

Name of dentist/orthodontist _____

Special health and behavioral considerations _____

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations"; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Antioch Community Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

Signature of parent or guardian or adult camper/staffer _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization. Antioch Community Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

**I have received, reviewed, and agree to the release of the health information as outlined in this health consent and release form.*

Signature of parent or guardian or adult camper/staffer _____

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE ON AN ANTIOCH WILDERNESS TRIP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE ANTIOCH COMMUNITY CHURCH, INCLUDING ITS EMPLOYEES, AGENTS AND VOLUNTEER LEADERS, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING ANTIOCH COMMUNITY CHURCH SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

INITIALS OF PARENT, GUARDIAN, OR ADULT CAMPER/STAFFER _____

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD ANTIOCH COMMUNITY CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST ANTIOCH COMMUNITY CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, AND VOLUNTEER LEADERS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO ANTIOCH COMMUNITY CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF ANTIOCH COMMUNITY CHURCH.

Signature of parent or guardian or adult camper/staffer _____

I also understand and agree to abide with the restrictions placed on my camp activities as listed herein.

Signature of minor or adult camper/staffer _____ Date _____
(if camper is emancipated, proof must be provided prior to camp)

Printed name of minor or adult camper/staffer _____ Date _____

NOTICE OF PRIVACY PRACTICES:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Antioch Community Church (ACC) is committed to protecting your personal health information. Personal health information may include such items as health consent forms, medical history information, etc.... This notice about protecting your health information is required by law. It tells you about your rights and how ACC uses and discloses your health information.

Your Health Information Rights

You have certain rights regarding the health information Antioch Community Church has about you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, ACC is not required to approve your request.
- Request that ACC notify you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures ACC has made of your health information.
- In writing at any time, withdraw your permission for ACC to disclose your health information, except for the information that ACC disclosed before you stopped your permission.
- Ask ACC to change your health information if you believe it is incorrect or incomplete. Antioch Community Church may deny your request and, if so, will give you the reason(s) why the request was denied.
- Receive a paper or electronic copy of this Notice of Privacy Practices upon request.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one of these rights, contact:

Antioch Community Church
PO Box 273323
Fort Collins, CO 80525

How Antioch Community Church May Use or Disclose Your Health Information

The law permits Antioch Community Church to use or disclose your health information for the following purposes:

Treatment - ACC may use and disclose your health information to help you receive medical treatment and services.

Example: ACC may use your medical history information to ensure that you receive proper medical care, should you become injured.

Payment - ACC may use and disclose your health information to pay for your medical treatment and services.

Example: A claim for healthcare services may be sent to ACC by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

Health Care Operations - ACC may use and disclose your health information to internal auditors.

Example: Your health information may be disclosed to the medical staff or quality improvement staff to review the effectiveness of the medical care you received.

Requirements by Law - Antioch Community Church may use and disclose your health information when the law requires it.

Example: ACC may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration, problems with products or reactions to medications.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
- To comply with laws and regulations related to Workers' Compensation.
- To allow other government agencies to provide you with benefits and services.

Health Oversight Activities - Antioch Community Church may disclose your health information to government health agencies for health oversight reasons, such as program audits or licensure review.

Special Government Functions – “Special government functions” such as protection of public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

Obligations of Antioch Community Church

Antioch Community Church is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Antioch Community Church is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Antioch Community Church reserves the right to change its information practices. The new provisions will be effective for all protected health information that ACC's insurance plan maintains. Revised notices will be made available by contacting the administration office of the camp you are attending. If you have a complaint about this Notice of Privacy Practices, how Antioch Community Church handles your health information, or if you otherwise believe that your privacy rights have been violated by Antioch Community Church, your complaint should be directed to Antioch Community Church.