

Hilltop Youth Camp

Health Statement

The proposed activity provided by the camp challenge course requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, causing surges in blood pressure, pulse rates, and other possible physical responses in your body. It is imperative that you be free of any heart-related ailments or conditions in order to engage in these activities. Therefore, all participants must be free of medical or physical conditions that might create undue risk to themselves or any others who may depend upon them. Being in good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in these or other physically-demanding activities, you should have a physical examination before consenting to participate.

Participant Name: _____ DOB: ____/____/____

Name of parent/guardian: _____ Phone no: (____)____-____

Health History

Circle yes or no for each, and write a description of condition for any "yes" answers on the back of this form, numbering the answers to correspond to the question numbers. "You" refers to the participant.

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| 1. Have you had, or do you currently have, any heart problems? | Yes | No |
| 2. Do you frequently suffer from pains in your chest? | Yes | No |
| 3. Do you often feel faint or have spells of dizziness? | Yes | No |
| 4. Has a medical professional every told you that you have high blood pressure? | Yes | No |

NOTE: If you have answered "yes" to any of the questions 1 through 4, you will need a letter of release from a physician in order to participate in these activities.

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| 5. Are you a smoker? | Yes | No |
| 6. Do you have arthritis, joint or back problems that might be aggravated by these activities? | Yes | No |
| 7. Have you had any surgeries or serious injuries? (If "yes," describe and provide dates.) | Yes | No |
| 8. Do you have any disabilities or chronic, recurring illnesses or communicable diseases? | Yes | No |
| 9. Are there activities that a medical professional has discouraged you from participating in? | Yes | No |
| 10. Do you have epilepsy? | Yes | No |

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| 11. Do you have diabetes? | Yes | No |
| 12. Are you allergic to any medicines, insects, or pollen? | Yes | No |
| 13. Do you have asthma? | Yes | No |
| 14. Do you have any prescribed meal plan or dietary restrictions? | Yes | No |
| 15. Are you currently sick or using a medication that is not otherwise listed here? | Yes | No |
| 16. Are you insured by a health insurance provider? | Yes | No |
| 17. Do you have any known health issues that are not otherwise described here? | Yes | No |
| 18. What is the general condition of your health? | _____ | |
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Presentation and Emergency Authorization

I affirm that my responses on this form are true and accurate and that my health is suitable to participate in physically-challenging activities at Hilltop Camp.

Permission to Provide Necessary Treatment or Emergency Care

I, the parent or guardian and/or participant, hereby give permission to the medical personnel selected by the challenge course staff to order x-rays, routine medical tests, or any treatment deemed necessary for related medical care. I authorize the release of any medical records necessary for insurance purposes, and I the staff to provide or arrange any transportation deemed necessary for me and/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the medical professional selected by the challenge course staff to secure and administer treatment, including hospitalization, for the person named on this form.

Date of authorization: _____ / _____ / _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Signature of participant: _____

Signature of witness: _____