

ADULT REGISTRATION & MEDICAL CONSENT FORM



In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending Forest Home. Please be aware that Forest Home does NOT provide medical or hospital Insurance coverage.

Name _____ Age _____ D.O.B. _____ Gender _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp _____ Name of Church Group _____
 Status: _____ Camper _____ Counselor _____
 Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center _____ Ojai Valley _____
 Emergency Contact _____ Relationship to Camper _____ Phone (_____) _____

I understand that my photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or use them in other materials to promote Forest Home.

Please send me Forest Home Promotional Material via: Email Postal Mail Both

REQUESTED Medical Information (optional):

Forest Home requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy# _____

Name of Responsible Party _____

Address _____ Phone (_____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (_____) _____

Name of Family Dentist _____ Phone (_____) _____

Date of last Tetanus Shot _____ Are all immunizations up to date? Y/N If no, please attach explanation.

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

Please List ALL Allergies: Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine. _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

PLEASE TURN OVER >>>

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____ . I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of me. I authorize Forest Home, Inc. to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ **Date** _____



IMPORTANT FIRST AID MESSAGE TO YOUTH PASTORS & PARENTS!!

We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical or health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Cardiac Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Handicap	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Physical Handicaps	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Requires An Injection Of Any Kind		

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the **Youth Registration & Medical Consent Form**. If no box is checked only the **Youth Registration & Medical Consent Form** is required.*

2. Send all prescription meds in original containers. We can **only** administer the med as the bottle reads, so make necessary adjustments with your pharmacy before camp. Over the counter meds must also come in original container. **DO NOT SEND MEDS IN PILL BOXES OR BAGGIES AS WE CANNOT LEGALLY DISPENSE IN THIS MANNER.**
3. Please do not send up pre-drawn syringes of medication. **If your child requires injectable meds of any kind you will need to send the original vial of medication, syringes, and written M.D. orders on the enclosed Special Medical Needs Form for your child to attend camp.** If your child gives his/her own injectable meds (*such as insulin*) we need only your statement of consent with your signature on the parent portion of the Special Medical needs form. With your consent, your child will be monitored by the First Aid staff.
4. If your child is **a type I Diabetic** you must send the following items for your child to attend camp:
 1. Glucometer / Strips / lancets
 2. Glucagon Pen (***No exceptions**)
 3. Insulin / syringes
 4. Glucogel or Glucose tabs
 5. M.D. orders on Special Needs Form / Signature
 6. Parent's written consent if child to self administer / signature on Special Medical Needs Form.

• *We recommend a "fanny pack" be worn by your child with needed supplies at all times while attending camp.*
5. If your child has asthma and uses a nebulizer in addition to an inhaler, please send the nebulizer, medication & dilutant to camp. Asthma is easily triggered by the activities at camp.
6. If your child has severe allergies and uses an epi-pen, we will need Special Medical Needs form with signatures from child's MD and parent.
7. We do not give allergy or growth hormone injections at camp.
8. If your child requires any special medical treatment to attend camp, the Special Medical Needs form will need to be completed and signed by you & your child's MD. In addition, please call the camp @ (909)389-2300 and ask for the First Aid Coordinator to insure we can meet the needs of your child **BEFORE** sending them to camp.

YOUTH REGISTRATION & MEDICAL CONSENT FORM



In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Student Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp _____ Name of Church Group _____
 Status: _____ Camper _____ CCA _____ Counselor _____ KP _____ Grade (For summer camps, indicate grade in Fall) _____
 Area of Camp: _____ Indian Village _____ Adventure Mountain _____ Creekside _____ Lakeview _____ Forest Center _____ Ojai Valley
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____
 Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and I authorize Forest Home to post these photos on the Forest Home web site or use them in other materials to promote Forest Home.

Please send me Forest Home Promotional Material via: Email Postal Mail Both

REQUIRED Medical Information:

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy# _____

Name of Responsible Party _____

Address _____ Phone (_____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (_____) _____

Name of Family Dentist _____ Phone (_____) _____

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If your child has **ANY** chronic condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or Requires Injections of any kind, a **SPECIAL NEEDS PERMISSION SLIP MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES!** If a child with special needs comes to Forest Home without written authorization, the group or party may be asked to return the child to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____

Please List ALL Allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine. _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

IMMUNIZATIONS: Please fill in the immunization information below or attach a recent copy of your child's immunization record.

1. Are all immunizations up to date: Yes No
2. Polio (OPV or IPV)—Date: _____
3. DTP/DTap/DT/TD (*Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only*)—Date: _____
4. MMR (*Measles, Mumps, Rubella*)—Date: _____
5. Hepatitis B—Date: _____
6. Varicella (*Chicken Pox*)—Date: _____

PERSONAL BELIEFS AFFIDAVIT

I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Signature: _____

Date: _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the

labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your camper is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian _____ **Date** _____



BOTH PAGES MUST BE COMPLETED BEFORE COMING TO CAMP!

**SPECIAL MEDICAL NEEDS
PROCEDURE AUTHORIZATION FORM**

(For camper's with chronic medical needs requiring First Aid staff intervention)

Child's Name: _____ Date of Birth: ____/____/____

Illness/ Condition: _____

Camp (circle): Indian Village Adventure Mountain Creekside Lakeview Ojai Valley Dates attending: _____

Church Group Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____



The following portion to be completed by camper's physician / M.D.

Specialized Health Care Treatment / Procedure required while at Camp

(Specify dosage, time, route, duration if medication) _____

Special Restrictions / Recommendations _____

Physicians Signature: _____ Date: _____

Physicians Phone: _____ Fax: _____



The following portion to be completed by camper's parent.

I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

I authorize my child to self administer medical treatment

Parents Signature: _____ Date: _____

Please turn form over and initial and sign all areas.

If you have completed this form your next step is to call the Camp First Aid Coordinator

@ (909)389-4326 (Summer) or @ (909)389-3493 (Rest of the Year)

Mill Creek Fax # (909)389-2221 Ojai Valley Fax # (805)715-6061

Special Medical Needs Procedure Authorization Form (Side 2)

1. REQUEST FOR PERMISSION

I recognize that Forest Home because of its terrain, altitude and program involvement, is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend a Forest Home Conference. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial _____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial _____

3. RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Initial _____

Check One:

___ I have personally inspected Forest Home, and recognize it is not designed for, nor intended to provide a camp experience for those with special needs. I realize and assume the risks and dangers to myself or the said individual involved in participation in its camp activities.

___ Recognizing that Forest Home is not designed for, nor intended to provide a camp experience for those with special needs, we hereby decline our right to inspect the Forest Home property.

Signature _____

Date _____

THIS SECTION FOR OFFICE USE ONLY

Permission Obtained ___ Obtained ___ Denied

Notified Guest (Date): _____

Permission Granted By: _____

Title: _____

Note any special arrangements made: _____

Forest Home Mill Creek Canyon
40000 Valley of the Falls Dr.
Forest Falls, CA 92339
www.foresthome.org

MAIN 909.389.2300



All groups are required to provide Forest Home with a copy of your organizations'

CERTIFICATE OF LIABILITY INSURANCE

This includes:

- \$1,000,000 for General Liability
- \$1,000,000 for Auto Insurance
(Only required if you have current coverage in this category)
- \$1,000,000 for Sexual Misconduct (Only required if you have current coverage in this category)
- Proof of Insurance for Worker's Comp (Only Required if paid staff of organization will attend Forest Home)
- Please list Forest Home as additionally insured during the dates of your retreat.



Attention Guest Group Leaders: New Health Screening Process

Dear Group Leader,

In an effort to provide the highest quality experience at Forest Home, we have implemented a new health screening process that is in accordance with the American Camping Association and The California Health Code. According to new State regulations for facilities like ours, ALL members in your group will need to participate in a brief health screening process within 24 hours of the beginning of your event.

Each group can either perform the Health Screening process prior to arrival or medical staff from Forest Home can lead you through the process upon your arrival. It is highly recommended that the Health Screening process be completed prior to your arrival for multiple reasons. First, it will speed up your process and allow you to get through check in without delay. Second, it will allow you to identify any potentially ill campers prior to your departure and have them stay home, which is the best way to minimize exposure to other students and leaders.

If you choose to perform the Health Screening process prior to your arrival at Forest Home, the **Health Screening Form** as well as the **Proof of Licensure Form** must be filled out completely by a qualified Medical professional. Qualified medical professionals are limited to either a licensed MD, RN, LVN, or one who is certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Each registered guest (including leaders) must be named and listed on a Health Screening Form and screened by the above qualified medical professional. The Proof of Licensure Form must be completed by that medical professional. Retain copies for your records and originals must be submitted to Forest Home.

If you are unable to complete the forms prior to your arrival, you can schedule the Health Screening process with Forest Home. This will be done upon arrival and check in. This process is thorough and may take some time so please be prepared to work it into your arrival schedule.

Forest Home greatly appreciates your cooperation in this matter and we are committed to teaming with you in order to make this process seamless and as quick as possible. If you have any questions or concerns, please feel free to contact Amber Hicks at First Aid.

Sincerely,

Amber Hicks
Recreation & First Aid Coordinator



Health Screening Proof of Licensure

Dear Medical Professional,

The Health screening process must be completed by one of the following, a licensed MD, RN, LVN, or one who is a certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Please provide your information below and attach a copy of your current certification or license. This form must be submitted along with the Health Screening Forms for each registered guest. Thank you for your cooperation in this manner.

Name _____

Street Address _____

City _____ State _____ Zip code _____

Phone () - _____ Email _____

Signature _____ Date _____

_____ Attach a Copy of your License or Certification Below _____

Camper/Counselor Roster & Health Screening

Please read all the directions on this page and follow them completely. Thank you!

Counselor Name: _____

Church Group _____

Camp: _____

Dates: _____

Week: _____

Housing: Tent _____ Cabin _____ (Be sure to include Cabin Unit Letter)

Counselors: We really need your help completing this form by Sunday Evening.

- Please **write the name of every counselor & camper** in your cabin in a line below.
- **Ask all campers the questions below**, numbers 1-5. If the answer to any of the questions is “YES” simply circle the number of the question or observation (1-12) in the box next to the camper’s name marked “**Screening Notes.**”
- Be sure to **include yourself and any other counselors** on this form.

Health Questions to Ask Each Camper:

1. Do you feel sick or ill?
2. Do you have a sore throat?
3. Do you have any medicine-including prescription, over-the-counter medication, vitamins, lozenges, eye drops, sprays and medical lotions or ointments (other than bug spray, non-prescription lotion for dry skin and sunscreen)-that did not get turned in at check-in?
4. Have you been exposed to anyone who was found to have head lice in the past two weeks?
5. Have you been exposed to anyone who is sick/ill with a contagious illness in the past two weeks?

Observations-Take a quick look at each camper to assess for the following:

6. Does the camper look sick or ill?
7. Is the camper coughing?
8. Is the camper scratching his/her head a lot?
9. Are the camper’s eyes red or do the camper’s eyes appear irritated or watery?
10. Does the camper have any visible skin rash?
11. Does the camper have any red bumps or scratches on the back of the hands or at the base of the fingers?
12. Does the camper have any physical limitations?

Note: Circle “N/A” under screening notes if nothing applies to the camper.

Counselor Assessment	Camper/Counselor Information - Please Print Legibly
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.

I have received and completed the Health Screening Instructions and Assessment for campers in my cabin and also agree to comply with the mid-week health check and ensure good hygiene of all campers in my care as outlined in the counselor handbook and as instructed by the First Aid Staff.

Signature (Legal) _____ Date: _____



Voluntary Disclosure Forms

Forest Home has a long-standing commitment to being on the leading edge of ensuring a safe environment for our guests. Recently, the State of California has taken the same initiative to ensure the same outcomes. All organized camps, like Forest Home, are now required to perform background checks on any adult who may reasonably have unsupervised contact with a minor (counselor, staff person, director, volunteer, etc.).

It is strongly recommended that your church or organization take the same precautions to perform backgrounds on your staff, counselors, volunteers, etc. who may have unsupervised contact with minors if you have not already done so. Under State law, organizations are not permitted to share background check information which means that Forest Home must perform independent checks beyond yours. As a result, we have attached a Voluntary Disclosure Statement which **MUST** be filled out and submitted for every adult fitting the above description prior to arrival.

Thank you for partnering with us to ensure the safest possible environment for the young people in our mutual care.

****Please complete one Voluntary Disclosure Statement for each person that you will be bringing within a leadership or counselor capacity and return it to Forest Home NO LATER than one week prior to your date of arrival. If you have any change in leadership after the forms have been submitted, please notify Forest Home immediately of any changes and submit new Voluntary Disclosure Statements with the new leader information.****



Guest Leader/Counselor Voluntary Disclosure Statement

Today's Date _____

Church/Organization Name _____

Dates Attending Forest Home _____

Basic Information

This information is collected for the use of background checks only.

Name _____
Last First Middle

Other names by which known (e.g., maiden name) _____

Birth Date _____ Social Security # _____

Driver's License # _____ State _____ Expiration Date _____

Home address _____
Street Address City State Zip

Primary Phone _____ Secondary Phone _____

E-mail address (optional) _____

School or College (if applicable) _____

School or College Address _____
Street Address City State Zip

History

Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet if necessary.)

1. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)
 Yes No If yes, please explain. (Use a separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?
 Yes No If yes, please explain. (Use a separate sheet if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- Indecent assault and battery on a child under fourteen Yes No
- Indecent assault and battery on a mentally retarded person Yes No
- Indecent assault and battery on a person who has obtained the age of fourteen Yes No
- Rape Yes No
- Rape of a child under sixteen with force Yes No
- Assault with intent to commit rape Yes No
- Kidnapping of a child under sixteen with intent to commit rape Yes No
- Distribution and trafficking of narcotics or other controlled substances Yes No
- Intent to commit any of the above crimes Yes No

If yes to any of the above, please explain. (Use a separate sheet if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No If yes, please explain. (Use a separate sheet if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes No If yes, please explain. (Use a separate sheet if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes No If yes, please explain. (Use a separate sheet if necessary.)

I understand that:

- a. Forest Home may deny involvement as a guest counselor to any person who answers “yes” to any one of questions 2-7. If Forest Home later discovers circumstances that would indicate a “yes” answer to any of the above questions, involvement as a guest counselor may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers. (A separate release form may be required.)
- c. Forest Home may terminate guest counselor involvement of any person if that person is found, regardless of when discovered, to: 1) have a history of complaints of abuse of a minor; or 2) been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; 3) and/or have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly and immediate notification provided to Forest Home if any information provided changes.

Signature

Date

Signature of Minor’s Parent or Guardian

Date