

SONSHINE SPECIALIZED CAMPING MINISTRIES INC. REGISTRATION & MEDICAL CONSENT FORM

Please complete the following questions on all campers. This form becomes part of SSCM's permanent file in compliance with California Law. Those 18 years and older may fill out and sign form. Those under 18 must have a parent or guardian sign this form.

FORM IS INCOMPLETE WITHOUT 2 SIGNATURES.

Name: _____ Age: _____ Gender: _____ Grade: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Camp: _____ / _____ - _____, 2018 Church/Organization: _____

Emergency Information

Parents/Guardian: _____ Phone (Home) _____ (Cell) _____
Medical Insurance company & policy #: _____ Email _____
Alternate contact: _____ Phone(Home) _____ (Cell) _____

(Form is incomplete without signature)

Health History (check all that apply)

(Form is incomplete without signature)

Allergies: _____ Major Problems: _____
____ Drug Allergies _____ Diabetes _____ Physical Disability
____ Asthma _____ Cardiac _____ Emotional Disability
____ Hay Fever _____ Chronic Asthma _____ Mental Disability
____ Insect Stings _____ Nervous Disorder _____ Seizure Disorder
____ Other _____ **Epilepsy*(see below)** _____ Other _____
If you have checked any of the conditions please give details: _____
Activity Restriction: _____
Date of last Tetanus Shot: _____

IMPORTANT: Please notify SSCM and your Group if your child has been exposed to a communicable disease in the 3 weeks prior to camp. This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities except as noted below in the Activity Exclusion Section. **SSCM DOES NOT CARRY ANY MEDICAL OR HOSPITALIZATION INSURANCE.** It is the responsibility of the sponsoring church, group or individual's family to obtain health/medical insurance. Sickness is the responsibility of the parents involved. Parent, camper or group member acknowledges that they have their own medical insurance and releases Sonshine Specialized Camping Ministries from any and all liability for the expenses of any medical care rendered, or the actions or inactions of SSCM related to seeking, or failing to seek, medical care. The parent and camper acknowledge that the campers are under the sole custody and control of the Church Group, Youth Group or Individual signing the SSCM Program Service Contract, and who are acting as the campers' guardians during the camp. In the event that I cannot be reached in an emergency during the camp dates noted on this form, I hereby give my permission to the physician or dentist selected by my Group or SSCM to hospitalize, secure proper treatment, including injection, anesthesia or surgery for my child as deemed necessary by the physician. I authorize the supervising personnel to administer medical aid as required for illness or injury under a physician's order. The parties to this registration agreement agree that any and all disputes will be litigated only in San Joaquin County and that the prevailing party is entitled to recover reasonable attorney fees.

***Any camper with a history of seizures or epileptic history is required to wear a flotation device (ski vest or PFD) when in the water at all times. Noncompliance with this policy will result in dismissal from the camp program.**

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____ / _____ / 2018

(Form is incomplete without signature)

Activity Exclusion Section

(Form is incomplete without signature)

Every child/participant is required to wear a flotation device (ski vest or PFD) when in a ski boat or participating in water skiing sports.

Parent requests child **NOT** participate in any of the following activities and acknowledges: (check those that apply and sign below)
____ Water Skiing Sports ____ Ski Boat Observer ____ Hiking ____ Swimming ____ Rock Jumping

Child will be in an open water swimming environment in a river or lake (not a pool). By checking this box I am requesting that my child wear a personal flotation device at all times (e.g. swimming) when in the water. I have communicated this to my child and to the Group taking my child to camp which is acting as my child's guardian during this trip.

Parent acknowledges by signing below and not checking activities above child has permission to participate in all activities.

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____ / _____ / 2018

Special Note - - Important! Out of concern for the safety of children with special needs, (physical, mental or emotional), we require that you please take the following steps to cover such situations: 1. Call or write SSCM's registrar for a special permission form at least three weeks prior to camp. 2. Complete and return the special form as soon as possible to enable a decision to be made on the advisability of the child's attendance. If a special needs child appears on SSCM boats without written authorization, the group or party bringing the child will be asked to return this child to his/her home. Please follow this procedure to save embarrassment and pain for the child, SSCM, and yourself.