

INTER-VARSITY CHRISTIAN FELLOWSHIP OF THE UNITED STATES OF AMERICA® d/b/a Campus by the Sea
MEDICAL HISTORY

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

ADDRESS _____
(street) (city and state) (zip)

ALLERGIES: Check and specify any reactions to Penicillin _____

Other Drugs _____ Insect Bites _____

EXPOSURE to contagious or infectious disease (including cold or flu) in past 3 weeks?

IF YES, which one _____

Any reason for LIMITED ACTIVITY? Please specify _____

IF UNDER CARE OF PHYSICIAN in the past 3 years for medical, surgical, or emotional reasons, please provide general information. _____

CURRENT MEDICATION REQUIRED? Specify drug and dosage _____

PAST/PRESENT ILLNESS OR INJURY: Check and give date

_____ allergies (asthma, hay fever, eczema, others)	_____ mumps	_____ major accident
_____ sinus trouble	_____ measles	_____ convulsion/seizures
_____ frequent colds, sore throat	_____ chicken pox	_____ major surgery
_____ headaches	_____ bronchitis	_____ kidney/bladder trouble
_____ fainting	_____ tuberculosis	_____ heart trouble
_____ abscessed ears	_____ mononucleosis	_____ stomach upsets
_____ night sweats	_____ oral medication	_____ joint injury/disease
_____ diabetes: controlled by diet?		_____ insulin

IMMUNIZATION AND TESTS: Check if current

_____ tetanus; date _____ diphtheria _____ polio
 _____ typhoid _____ tuberculin _____ others

IF OVER 18, PLEASE SIGN _____ Date: _____

PARENT'S CONSENT FOR EMERGENCY TREATMENT

The undersigned hereby authorizes Campus by the Sea's director or representative to obtain such medical aid or assistance as might be required for the immediate care of my son/daughter/other in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination, or hospitalization such as might be ordered by a duly licensed medical doctor. In no event will Campus by the Sea, its officers or representatives, be held liable for any first aid rendered or treatment performed pursuant to this consent. This authorization shall remain effective during 2009.

Signed _____ Date _____
(father, mother, or legal guardian)

In case of emergency, please notify:

1. Name _____ Home Phone _____ Work Phone _____

2. Name _____ Home Phone _____ Work Phone _____

IMPORTANT: Please attach a copy of the front and back of the applicable insurance card to this form. If treatment is required at the Avalon Municipal Hospital & Clinic, and a copy of the front and back of the applicable insurance card is not provided, the services will be billed as "self pay" until a copy of the insurance card is provided.

**INTER-VARSITY CHRISTIAN FELLOWSHIP
OF THE UNITED STATES OF AMERICA® d/b/a Campus by the Sea**

INDIVIDUAL RELEASE

(Release must be signed by camper and parent or legal guardian.)

I understand that Campus by the Sea, a camp operated by INTER-VARSITY CHRISTIAN FELLOWSHIP OF THE UNITED STATES OF AMERICA® (INTER-VARSITY), has rustic facilities, is located on a rugged mountainous island, and is accessible only by boat or by foot. I also understand that participation in any activities, recreational or otherwise, will carry risks inherent to such activities and to the wilderness location.

Of my free will, I desire to participate in activities which carry a special risk of injury or loss to person or property including, but not limited to: swimming in open water, sailing, water-skiing, snorkeling and skin diving, hiking, travel by public carrier, and/or organized games, and understand that such activities carry inherent risks.

In consideration for being permitted to engage in this activity, I agree to abide by all expressed rules and requirements for the activity. For myself and any who would claim under me, I release and discharge INTER-VARSITY, its trustees, employees, and agents from any liability resulting from loss, injury, or damage to my person or property as a result of my attendance at or participation in this activity, excluding any liability arising solely from the negligent actions of INTER-VARSITY, its trustees, employees, or agents.

Camper's Name _____
(please print or type)

Camper's Signature _____

For campers under the age of 18:

I consent to participation by _____
(print name of camper)

in the above described activity(s) and fully agree with this release.

Signature of Parent or Legal Guardian

Date

(OVER)