

Snowbird Wilderness Outfitters

Medical Information Form

Forms are designed in cooperation with Murphy Medical Center and Swain County Hospital for the safety of each participant. Parent, legal guardian or Adult camper must thoroughly complete medical release, medical history, and waiver of liability forms.

Group Name: _____ Camp Date: _____
Circle One: Summer Camp/Retreat/OLD School/Missions _____ Sign me up for the SWO e-newsletter!
Circle One: Student/Adult/Child/Leader/Chaperone _____ Email: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Cell Phone: (____) _____ D/O/B: _____ Sex: M_ F_ Ht: _____ Wt: _____

EMERGENCY CONTACT INFORMATION:

1st Contact Name: _____ Relationship: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
2nd Contact Name: _____ Relationship: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

INSURANCE INFORMATION:

_____ Check here if participant does not have insurance.
Insurance Company: _____ Family Physician: _____
Insurance Company Address: _____
Subscriber Name: _____ Policy #: _____ Subscriber #: _____
Subscriber D/O/B: _____ Subscriber S.S. #: ____ - ____ - ____ Subscriber Phone #: (____) _____
Subscriber's Address (if different from above): _____

MEDICAL HISTORY

** If the participant has been exposed to any communicable disease within two weeks prior to their stay, please do not send them to camp. **

- Any operations, illness, or injuries in the last year?: _____
- Date of last Tetanus shot: _____ Date of last DPT or DT booster: _____
- Does your child have any physical or mental problems that Snowbird should be aware of?
(For example: asthma, allergies, diabetes, depression, seizures, eating disorder, etc.)
Check One: ___ NO ___ YES If YES, please explain: _____
- Please indicate any allergies your child has: ___ Bee Sting ___ Penicillin ___ Hay Fever ___ Poison Ivy/Oak
___ Bacitracin ___ Sumac ___ Antihistamine ___ Other _____
- Circle the medications that Snowbird may administer:
Tylenol Ibuprofen Antihistamine Tums Swimmer's Ear Epipen Other _____

Legible written physician's directions should accompany any prescription medication that is brought to camp. Include medication type, dosage, frequency, condition being treated, physician's signature, and DEA number. For the safety of all our participants, medication can only be administered by church or Snowbird staff. It is the responsibility of the parent or guardian to make these arrangements.

PLEASE ATTACH ANY ADDITIONAL MEDICAL CONCERNS

Snowbird Wilderness Outfitters

Waiver of Liability and Medical Release

Camper Name: _____ Group Name: _____

Program 1: Regular Camp and Retreats. All campers remain in local area.

Program 2: Missions Camp. This is a combination of summer camp and community service projects. Projects include, but are not limited to repair of houses.

Program 3: O.L.D School Program is predominantly an outdoor leadership school. These sessions include, but are not limited to, backpacking, whitewater rafting, canoeing, and travel to other states/countries.

1. Medical Attention: I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail in the remote mountains or a river deep within a ravine.
2. Injury to Persons or Property. Responsible party agrees that Snowbird Wilderness Outfitters shall not be liable to Responsible party or any other person for any injury occurring in, on, or around the Premises of other locations including, without implied limitation, attorney's fees and/or cost of defending any action.
3. That I/We hereby release Snowbird Wilderness Outfitters, its employees, officers, directors and camp staff and any individual associated with Snowbird Wilderness Outfitters from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the Premises and other locations. I/We further agree to fully indemnify, and hold harmless, any individual or entity herein named from any liability from my/our participation in the use of the premises and other locations and that I/We hereby WAIVE and RELEASE the parties herein named from any and all liability arising as a result or from my/our participation in the use of the Premises and other locations.
4. My signature authorizes the staff at Snowbird Wilderness Outfitters to act for me according to their best judgment in any emergency requiring medical attention. The camper may be transported by camp personnel to medical facilities. I hereby waive and release camp from any and all liability for any injuries or illnesses incurred while at the camp or while being transported by camp staff for medical attention. I understand that participation in camp activities involves motion, rotation and height in a unique environment and as such, carries with it the risk of injury or death. All campers must be covered by their own medical insurance. If the camper does not have insurance, the camper or camper's family assumes liability. All medical expenses incurred will be the responsibility of the camper or camper's family. I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program as outlined on the camp website. The camp is not responsible for the personal items that are lost, stolen, or damaged. I also understand the camp retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity, advertising or for any legitimate purpose.
5. I hereby authorize the physician(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the camper while enrolled in Snowbird Wilderness Outfitters. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I authorize you to release to my insurance company information concerning the health care provided to the camper while attending Snowbird Wilderness Outfitters. In the event of any injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the medical staff at Snowbird Wilderness Outfitters. I understand this will enable a continuity of care upon the camper's return to Snowbird Wilderness Outfitters and will provide staff a means of informing family members of the camper's medical condition. Such records will remain a confidential part of the camper's general record.

X _____ X _____
PRINT Name of Parent/Guardian (Responsible Party) SIGNATURE of Parent/Guardian (Responsible Party) DATE

Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone #: (____) _____

****Please do not arrive at Snowbird without proper notarization****

I, _____, a Notary Public for _____ County, _____ (state), do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my/our hand and seal, this the _____ day of _____, 20____.

X _____ My commission expires _____, 20____.
NOTARY PUBLIC

**** Notary Stamp or Seal Required ****