

Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Adult

Name		DOB	Gend	er	Ht	Wt
Address	(City		State _	Z	ip
Home Phone	Work Phone		Mobile F	hone		
E-Mail	Date(s) at OGCCC		Name	of Group _		
Emergency Contact				Phone		
Medical Information:						
Are you covered by medical/hospita	l insurance? Yes □No □					
Insurance Carrier				Policy #		
Name of Responsible Party						
Address		_ Phone	Relat	ionship to	Camper_	
Name of Family Physician				Phone		
Date of Last Tetanus Shot* If no, please attach explanation	Are all immunizations up	to date? Ye	s No 🗆			
Has Camper recently been exposed	(within last 3 weeks) to any kind	d of commu	nicable disease?			
Because of the terrain, altitude, and experience for those with special ne Disorders, Cardiac Problems, Diabet injections of any kind, notify your graguest with special needs comes to to his/her home.	eds. If you have ANY chronic coles, Emotional Handicap, Epileps oup leader and ask if your group	ndition, incl y, Nervous I o has the lev	uding any of the follo Disorder, Physical Ha vel of medical superv	owing: Asth ndicaps, Se ision requir	nma, Blee izure Dis ed for yo	eding/Clotting order, or require our condition(s). I
Adult Release of Liability	and Medical Consen	it Form				
List all medical conditions: physical,	emotional, behavioral disorders	and learnir	ng disabilities:			
Please list ALL allergies:						
Drug		sect/Plant				

Food	Diet Restrictions
List medications you will require while at camp ar	nd <u>reason for taking the medicine</u> :
First Aid by a nationally recognized provider to proposedures, which includes the use of over-the-coguest with greater healthcare needs than the First practice. I authorize OGCCC to arrange for or provemergency medical treatment if indicated, and I of the physician selected by OGCCC to secure and acceptable.	to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and covide basic First Aid and comfort measures through standardized camp treatment counter medications. I understand that it is my responsibility to make arrangements for a t Aid personnel can provide within their individual certifications, licenses and scopes of wide any necessary related transportation to the nearest medical facility for urgent or do assume all responsibility for payment for such treatment. I hereby give permission to dminister any and all medical treatment deemed necessary for me, including tocopied for trips away from OGCCC's properties.
analgesics, decongestants, antihistamines, cough pen, antacid, antibiotic ointment, hydrocortisone	the-counter medications as directed by the labels provided by the manufacturer: suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epicream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and rolyte replacement fluids, analgesic balms and gels, with the exception of
brochure and/or web site. As a condition of receive these activities can expose myself to dangers both myself and any other party who may have the rigli indemnify and hold harmless Southern California directors, agents, employees, insurers, successors who might be liable (the "Released Parties") from damages, expenses, costs or liability (collectively, activities, including Losses arising from the negligin injury (including death), property damage or othe out of any condition of the premises at which the for, supervision of, or conduct of any activity, whe release in full accord and all Released Claims. I gray	in any and all activities that may include but are not limited to those outlined in the camp ving this benefit, I do hereby agree to the following: I understand that my participation in h from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of hit to assert any rights for or on my behalf, do hereby forever release and discharge, Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, in interest, attorneys, or any other person or persons associated with any or all of them and against any and all claims, causes of action, actions, suits, demands, losses, "Losses") arising from or in connection with my participation in OGCCC's camp and its ence of any of the Released Parties, whether such Losses arise in connection with bodily erwise (collectively, the "Released Claims"). The Released Claims include Losses arising camp activities are held or the conduct of any person in connection with the preparation ether planned or unplanned. I further understand and acknowledge that I make this ant OGCCC the right to use any digital images, recordings or photos taken of me or my CCC to be utilized in promotional written or electronic marketing materials for OGCCC.
made herein are true to the best of my knowledg	I understand this form and the release granted above and warrant that all statements te. I have read and understand this entire form and the release granted above and to the best of my knowledge. I have read and understand this entire form and by signing
Signature	Date



Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Minor

In order to comply with state laws we ask for the following Health History/Medical Consent Form completed by the parent or legal guardian for each camper under the age of 18 attending events held at the Oak Glen Christian Conference Center (OGCCC). The minor cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Student Name		DOB	Gender	Ht	Wt
Address	City			_ State	Zip
Home Phone	Mobile Phone			Grade in Scho	ool
Parent/Guardian Name(s)		ا	Daytime Phone _		
Evening Phone	Mobile Ph	one or Page	er		
Emergency Contact (other than parent)		Relation	nship to Camper ₋		
Daytime Phone	Evening Ph	one			
Names of anyone other then parent/guardians(s) au	thorized to pick up or sign o	camper out	of camp:		
Medical Information:					
Is your child covered by medical/hospital insurance?	Yes □No □				
Insurance Carrier		Po	licy #		
Name of Responsible Party					
Address	Phone		_ Relationship to	Camper	
Name of Family Physician			_ Phone		
Date of Last Tetanus Shot Are all imm	nunizations up to date? Ye	s N b			
*If no, please attach explanation					
Has your child recently been exposed (within last 3 w	veeks) to any kind of comm	iunicable di	sease?		

Minor Release of Liability and Medical Consent Form:

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. 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 require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

the camp brochure and/or web site. 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 Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their 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 OGCCC'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 grant OGCCC the right to use any digital images, recordings or photos taken of me or my minor children, while attending any events at OGCCC the right to use any digital images, recordings or photos taken of me or my minor children, while attending any events at OGCCC the right to use any digital images, recordings or photos taken of me or my minor children, while attending any events	List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.			
List medications Camper will require while at camp and reason for taking the medicine: All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC 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 healthcare needs than the First Aid personnel can provide within their individual certification; licenses and scopes of practice. I authorize OGCCC to a range for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment in indicated, and to do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC 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 OGCCC's properties. Juthorize 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/ju treatment, antiseptic skin and wound cleansers, ipeca, glucose, laxetives, electroly terplacement fluids, analgesic balms and gels, with the exception of	Please list ALL allergies:			
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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.	the camp brochure and/or web site. As a conditichild's participation in these activities can expositisks exist, I on behalf of myself, my child and an hereby forever release and discharge, indemnify Conference Center, their affiliates, officers, director persons associated with any or all of them whaction, actions, suits, demands, losses, damages, child's participation in OGCCC's camp and its act whether such Losses arise in connection with bo Claims"). The Released Claims include Losses arise conduct of any person in connection with the prefurther understand and acknowledge that I make Claims. I grant OGCCC the right to use any digital events at OGCCC to be utilized in promotional with the prefurence.	on of receiving this benefit, I do hereby agree to the following: I understand that my e him/her to dangers both from known and unanticipated risks. Acknowledging that such y other party who may have the right to assert any rights for or on behalf of my child, do and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian ctors, agents, employees, insurers, successors in interest, attorneys, or any other person o might be liable (the "Released Parties") from and against any and all claims, causes of expenses, costs or liability (collectively, "Losses") arising from or in connection with my ivities, including Losses arising from the negligence of any of the Released Parties, dily injury (including death), property damage or otherwise (collectively, the "Released sing out of any condition of the premises at which the camp activities are held or the eparation for, supervision of, or conduct of any activity, whether planned or unplanned. I e this release in full accord and satisfaction of and in compromise of any and all Released al images, recordings or photos taken of me or my minor children, while attending any ritten or electronic marketing materials for OGCCC.		
Signature Date	made herein are true to the best of my knowled			
	Signature	Date		



Health Screening Form

Re	quired for	r all minors unaccompanied by a parent or guardian.	
	Camper	□ Staff	
Las	st Name _	First Name	Middle Initial
Cai	mp Name	·	Date
Sec for at c spr	ction 3075 all campo camp. Ide read of illo	ening of campers and staff is critical to prevent an illne 50 of the California Code of Regulations, screening shares under the age of 18 who are unaccompanied by a really, pre-screening of campers and staff should be doness. Records for the health screening must be maintafollowing inquiries:	all be conducted by a qualified staff member parent or guardian within 24 hours of arriva ne prior to arriving at camp to prevent the
No	o Yes	Health History	
		Have you been exposed to any known contagious dise	ease in the last week?
		Has a copy of the staff/camper immunization record	d been obtained?
No	o Yes	Have you shown any of, or been in contact with others within the past 24 to 48 hours prior to camp arrival?	who exhibited, the following symptoms
		Fever (Oral temperature 100.4°F or above) Sore throat with fever Vomiting Diarrhea Severe itching of body or scalp Open draining sore on skin Severe headache Flu or flu like symptoms (fever, sore throat, cough, weak Rash	akness, fatigue, sneezing, nausea, body aches)
Sig	nature of	Health Supervisor	Date