Expeditions Unlimited

CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH AND ADULTS

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name:____ **Birthdate:**_________**Gender:**___**M:**___**F:**___ **Age:**_____
Last First M. Init.

Name of Parents/Guardians
(or spouse): ____**Phone:**(_____)_________________

Home Address:____
Street City State Zip

If not available in an emergency please notify:

1. ____Phone: (___)_____________
Name Relationship
2. ____Phone: (___)_____________
Name Relationship
3. ____Phone: (___)_____________
Name Relationship

Check all that apply, giving approximate dates

Health History	Allergies	Diseases	Date
____ Frequent Ear Infections	____ Hay Fever	____ Chicken Pox	_______
____ Heart Defect/Disease	____ Poison Ivy, etc.	____ Measles	_______
____ Convulsions	____ Insect Stings	____ German Measles	_______
____ Diabetes	____ Penicillin	____ Mumps	_______
____ Bleeding/Clotting Disorders	____ Other Drugs	____ Asthma	_______

Allergies (describe reactions/treatment):
____

Operations or serious injuries and dates:
____
____

Chronic or recurring illnesses:
____
____

Dentist/Orthodontist: ____Phone: (____)_______________
Family Doctor: ____ Phone: (____)_______________

Medical/Health Insurance Company:___________________________________**Policy or Group #:**_________________

IMPORTANT: ***Please notify Expeditions Unlimited if this individual is exposed to any communicable disease during the three weeks prior to attending the trip.***

Additional Notes/Comments:
____
____

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature:____ **Date:**____________________

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Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., it's officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

Applicant Signature____Date____/____/____
D/O/B: ____________________________
Parent or Guardian Signature____________________________________Date____/____/____
(Also required if applicant is under 18 as of date of signature)

Release as to Photographic, Movie and Video Images

The undersigned in consideration of being able to participate in the contemplated trip, irrevocably consents to and authorizes the use and reproduction of by Expeditions Unlimited, Ltd. (and by third parties designated by Expeditions Unlimited, Ltd.) any and all photographic, movie and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant Signature____Date ____/____/_____
D/O/B: ________________________
Parent or Guardian Signature___________________________________Date ____/____/_____
(Also required if applicant is under 18 as of date of signature)

Check here if you do not wish to receive further mailings from Expeditions Unlimited.

Expeditions Unlimited

E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

FOOD ALLERGY ACTION PLAN

Name: ____

Allergy To: ____

Physician: __________________________ Phone #: ____________

Emergency Numbers:
Name: __________________________ Phone #: ____________

Name: __________________________ Phone #: ____________

PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION
CHECK ALL THAT APPLY

This Occurs:	General First Aid
My child's allergic reaction includes: ☐ Swelling, itching raised skin rash ☐ Generalized body flush, swelling or itching ☐ Nausea, abdominal cramps, vomiting and/or diarrhea ☐ Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath. ☐ "Thready" pulse, "passing out" • These signs may occur ☐ within a few minutes ☐ within 30 minutes to 2 hours **The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.**	• Observe for 30 minutes • Notify parents ☐ Administer oral medication ☐ And Name__________ __________ Dosage__________ __________ ☐ Administer adrenaline (Epi pen) ☐ immediately ☐ if symptoms occur (describe) __________ Student can self-administer Epi Pen? ☐Yes ☐No **If Epi pen is administered, an ambulance, then parents will be notified.**

Comments regarding other accommodations: ______________________________
____
____

Parent Signature: __________________________ Date: __________