MEDICAL CONSENT & RELEASE

NOTE TO THE PARENT/GUARDIAN/GUEST: BWX wants the camp experience to be a safe and healthy one.
However, in the event of an accident of illness, it is important that we have the following information:
1. Medical history
2. Proof of physical examination within the past 12 months
3. Medical insurance information

Name _____ Birth date _____ Sex _____ Age _____ SSN _____
Last First Middle Initial

Parent of Guardian (or spouse) _____

Home Address _____ Phone ( )
Street Address City State/Province Zip/Postal

Business Address _____ Phone ( )
Street Address City State/Province Zip/Postal

Second Parent of Guardian Emergency Contact _____

Home Address _____ Phone ( )
Street Address City State/Province Zip/Postal

Business Address _____ Phone ( )
Street Address City State/Province Zip/Postal

If not available in an emergency, notify: Name _____

Home Address _____ Phone ( )
Street Address City State/Province Zip/Postal

Health History (Give approximate dates)	**Diseases**	**Allergies (Date not needed)**
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Diabetes	_____ German Measles	_____ Insect Stings
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Penicillin
_____ Hypertension		_____ Other Drugs
_____ Mononucleosis		_____ Asthma
_____ Convulsions		_____ Other (Specify) _____

Operations of serious injuries (Dates) _____
Chronic or recurring illness or medical condition _____
Dietary restrictions _____
Current medications (send with instructions) _____
Other diseases _____
Name of family physician _____
Name of dentist/orthodontist _____
Special health and behavioral considerations _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Please record the date (month and year) of basic immunizations and most recent booster shot.

Vaccines	Year of Basic Immunization	Year of Booster
Diphtheria	1	1
DPT: Pertussis (Whooping Cough)	2	2
Tetanus	3	
Tetanus		
TD: Diphtheria		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard Measles, Red Measles, Rubella)		
Other		
Tuberculin test given _____ (Most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		

Health Care Recommendations: A parent can complete the following health care recommendations

I have examined the above applicant within the past 12 months. Date Examined _____

In my opinion, the above's condition ☐ does ☐ does not preclude his/her participation in an active camp program

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following conditions: _____

_____

_____

Current treatment (Include current medications) _____

_____

Explanation of any reported loss of consciousness, convulsion or concussion _____

_____

Does the applicant have epilepsy? ☐ Yes ☐ No Does the applicant have diabetes? ☐ Yes ☐ No

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

_____

Any medication to be administered at camp (specific dosages) _____

_____

Any medically prescribed meal plan or dietary restrictions _____

_____

Any allergies (Food, drugs, plants, insects) _____

_____

Activities to be limited _____

_____

_____

Additional health information _____

Licensed Physician's Signature _____

Address _____ Phone ( )
Street Address City State/Province Zip/Postal

Date of Form completion _____ *By _____
*Initial if completed by nurse or physician's assistant

ACCIDENT COVERAGE

I understand that the BWX does everything possible to prevent injury and accidents.
If an accident does occur, the camper's individual insurance will be used to treat the injury in Ely, Virginia, or Duluth.
I give the BWX staff permission to use this insurance on behalf of the minor described on this sheet.

My insurance company _____ **Policy Number** _____

Insurance company address _____

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.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the even I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

As my attendance at a BWX camp is a privilege, I release the BWX, including its trustees, employees and agents, from my physical injury, including death, or illness while at camp, including my BWX sponsored travel to and from camp, in consideration of this privilege. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold the BWX harmless from any claim asserted by me against BWX, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to BWX to photograph the camper during camp activities and to use the photographs in BWX audio-visual and printed materials without compensation or approval rights.

Signature of parent or guardian or adult camper/staffer _____

Persons authorized to pick up child other than parent or guardian _____

I also understand and agree to abide with the restrictions placed on my camp activities as listed above

Signature of minor or adult camper/staffer _____ Date _____