2021 STORM Medical Information and Authorization Form

STORM Site Attending:
☐ Detroit Lakes ☐ Prior Lake
☐ Elk River ☐ Stewartville

This form is **MANDATORY** and must be completed by all participants. It is **REQUIRED** to be in the possession of the church youth director/chaperone at the time of event check-in and the Statement of Agreement section below **MUST** be signed.

Name of Participant: _____ Date of Birth: _____
First Name Middle Initial Last Name

Home Address: _____ Church Registering With: _____
Street Address

City: _____ State: _____ Zip: _____ e-mail: _____

1. All **Immunizations** required for school are up to date: ☐ **YES** ☐ **NO**
   a. Date of most recent tetanus immunization (Month & Year)_____

2. **Nutrition status/dietary needs** *(check all that apply)* This participant:
   - ☐ Has no known food allergies.
   - ☐ Is allergic to the foods listed below: _____
   - ☐ Describe symptoms and treatment if you are exposed to these foods below:

     _____

     _____

   - ☐ Has the following **dietary restrictions**:

     _____

3. Please list **current medications** (prescribed and over-the-counter):

   _____

   _____

4. **Guardian Consent:**
   Does the participant have any **health conditions,** such as a chronic illness or a **special circumstance,** that we should know about because it impacts your ability to fully participate in this program?
   - ☐ No, this participant is prepared to fully participate.
   - ☐ Yes, as explained:_____

5. **Emergency Contact** Information:
   a. Name of Individual: _____
   b. Relationship to you: _____
   c. Address: _____
   d. Preferred Phone: (____)_____ Alternate Phone: (____)_____

6. Any **other information** we need to know? *Please use back of form*

Statement of Agreement

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/ or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with the camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I understand that the camp insurance is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be send to the parent/ guardian who will be responsible for direct payments to the physician(s), hospital, clinic, etc.

I understand my health information will be shared with event staff on a "need to know" basis and that, as an adult participants retain primary responsibility for managing their health status while at this event. I agree to inform the event leaders of any changes that might impact my participation.

Signature: _____ Date: _____
Parent/ Legal Guardian