LAST NAME _____ FIRST INITIAL ____

# Health Form

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____

List all prescriptions and non-prescription medicines currently being taken:

_____

List any medical allergies :_____

Other allergies (food), insect stings, etc.):_____

Medical History: (Circle any of the following conditions you currently have or ever had)

Asthma Back Surgery Heart Problems Stroke Seizures

Chronic Back Problems Migraines Diabetes Polio

If diabetic are you insulin dependent? _____Yes _____No

Date of last tetanus immunization:_____

Describe any physical conditions that will require special assistance during the workshop:_____

In the event of any emergency, I understand that first aid will be administered. I further understand that in case of as serious injury or illness, I hereby give my permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

_____Yes _____No

Signature:_____

Date:_____

Person to contact if case of an emergency:

Name:_____ Phone #: (___)_____

Address:_____

_____

GENERAL RELEASE AND CONSENT

I, the Undersigned, hereby certify that I am the camper listed below, who desires to participate in the Indiana Becoming an Outdoors-Woman program. I understand that some of the scheduled activities will take place off of the Ross Camp property and I give my consent to be transported as necessary by the camp staff. I understand that campers will be given the opportunity to participate in various recreational activities including but not limited to operation of recreational vehicles and discharging of firearms. They will be under the supervision of Indiana Conservation Officers and camp staff, but there are inherent risks that accompany these activities. In the event of an injury or medical emergency where doctor or hospital care is required, I am aware that I am responsible for any expenses incurred. I hereby give consent for any emergency medical treatment or procedures at any medical facility deemed necessary by camp staff or emergency personnel.

On behalf of myself, my child, our personal representatives, heirs and assigns, I hereby release and discharge the Indiana Department of Natural Resources and its employees, Camp staff and the Tippecanoe County Parks and its representatives from any and all claims of property damage or personal injury resulting from my participation in the Becoming an Outdoors-Woman program. I understand that I will be subject to the disciplinary policies of the camp and refusal to abide by camp policies is grounds for dismissal from camp. I understand that I am responsible for my transportation to and from camp. In the event of a disciplinary dismissal I am required to provide transportation at the time requested by camp staff. I understand and acknowledge the significance and consequences of such specific intention to release all claims, and hereby assume full financial responsibility for any injuries, damages, losses and medical expenses that I may incur from the aforementioned event.

Signature:_____ Date:_____