



CONFIDENTIAL MEDICAL HISTORY

*This form must be completed and signed before participation in Challenge Course programs at Camp Ketcha.
To be completed by Parent or Guardian if participant is under 18 years of age.*

Participant's Name _____ Organization _____

Address _____ Zip _____ Phone _____

Gender _____ Age _____ Birth date _____ Social Security # _____

Person to be notified in case of illness or injury _____

Relationship _____ Phone _____ Alt Phone _____

** Medications <i>sent with the participant</i>	Dosage: (be specific)	Reason for Medication:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tetanus immunization date: _____

Physical Limitations Please give details of care required. _____

Past surgical procedures or serious injuries. Please provide appropriate details.

Allergic Reaction: Bee Stings _____ Penicillin _____ Other Drugs _____
Food, plants, or animals which cause reaction _____
Reaction and treatment if exposed _____

Medical Insurance Coverage: Is the participant covered by any hospitalization or medical care policy? No ___ Yes ___
If yes, indicate the name of insurance company _____
Indicate the policy or certificate number _____

VERIFICATION & CONSENT: I acknowledge that this health history and information is correct to the best of my knowledge. Consent is hereby given for the applicant to participate fully in Camp Ketcha's programs, many of which involve specific inherent risks that will be explained prior to each activity. I agree that Camp Ketcha its agents and employees, shall not be liable for any injury to the above named participant during the program unless caused by its or their gross negligence or willful misconduct. Permission is also given for any emergency intervention or treatment which Camp Ketcha staff or as a physician determines to be necessary.

PHOTO RELEASE & CONSENT: I give permission to Camp Ketcha for my likeness to appear in promotional forms and advertising. If **you do not want** your photo or likeness to appear in promotional material please check here ___.

Date _____ Signature of Participant (or Parent/Guardian) _____