



Nebraska Youth Range Camp HEALTH & WAIVER FORM

Due June 1, 2017

APPLICANT NAME: _____ AGE _____

IN CASE OF EMERGENCY, CONTACT: _____

PHONE: (DAYTIME) () _____

(NIGHT) () _____

PHYSICIAN TO CONTACT: _____

PHONE: () _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

POLICY NUMBER: _____

HEALTH STATEMENT (To be completed by parent and/or medical doctor.) **(All "Yes" responses will require an explanation.)**

	YES	NO		YES	NO
1. Respirator Problems – (Asthma, blood spitting, persistent cough, abnormal chest x-ray, T.B., etc)	_____	_____	12. Emotional or Mental Disorders – (Frequent anxiety, excessive fears, etc.)	_____	_____
2. Heart Disease – (High/low blood pressure, shortness of breath, murmurs, chest pain, Rheumatic Fever, etc)	_____	_____	13. Surgical Operations, accident or injuries which required hospitalization in the past 2 years	_____	_____
3. Stomach or Intestinal Problems – (Ulcers, jaundice, hernia, colitis, indigestion, etc)	_____	_____	14. Recent Exposure to a Contagious Disease	_____	_____
4. Kidney, Gall Bladder, or Liver	_____	_____	15. Allergies	_____	_____
5. Diabetes or Hypoglycemia	_____	_____	16. Are you currently under a doctor's care?	_____	_____
6. Muscular/Skeletal Problems – (Arthritis, hernia, recent fractures, etc.)	_____	_____	17. Are you currently taking medication?	_____	_____
7. Eye, Ear, Nose or Throat Problems	_____	_____	18. Do you have any special dietary needs?	_____	_____
8. Skin Diseases	_____	_____	19. Do you have any limiting physical conditions?	_____	_____
9. Nervous Disorders – (Convulsions, epilepsy, dizziness, etc.)	_____	_____	20. Do you wear glasses, contacts, or protective eyewear? (Please circle choice.)	_____	_____
10. Have an orthodontic appliance?	_____	_____	21. Can your child be given aspirin/Tylenol? (Please circle choice.)	_____	_____
11. Learning Disabilities (please explain clearly)	_____	_____	22. The participant will be bringing medication to the event and will call attention of this fact to the Range Camp adult sponsor in charge.	_____	_____
			23. Are the applicant's immunizations current?	_____	_____

Explanations and Other Information: _____

TREATMENT RELEASE

In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the Nebraska Youth Range Camp Directors to hospitalize, secure proper treatment for and to order injections, anesthesia, and surgery for my/our child as named above. I/we agree to reimburse the Camp for any additional cost not covered by the insurance in the event of illnesses or injuries that might occur during the duration of the Camp and all Camp activities. In case of minor emergency, I hereby give permission for the administering of first aid.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE COMPLETE BOTH SIDES OF FORM

Parent's/Guardian's Consent

I/We have read and understand the information presented in this packet. **I/We are aware and understand that the activities included during the Nebraska Section SRM Range Camp (including hiking, swimming, canoeing, working with live animals, and other activities as outline in the agenda, including travel to and from various sites) involve inherent risks and may result in personal injury or death.** I understand that the staff will exercise reasonable care to ensure my child's safety. Adults accompanying the group will provide supervision and will exercise reasonable care to avoid accidents. In consideration of my child being allowed to participate in this event, I hereby agree on behalf of myself and my child, to release the Society for Range Management, Nebraska Section, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, personal injury, death or loss, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in any activities associated with Range Camp. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, personal injury, death, or loss, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in Range Camp.

I/We agree to cooperate with all camp procedures and regulations. I/we are fully informed about the risks associated with participation in the activities and consent to our child's participation in the Nebraska Section SRM Youth Range Camp.

Please select on box below:

- I give permission to use my child's name/photograph in publications/ news articles pertaining to Range Camp.
- I do NOT give permission to use my child's name/photograph.

SIGNATURE OF PARENT/GUARDIAN

DATE

Mail to: Nebraska Youth Range Camp, 30721 W North River Rd, Sutherland, NE 69165 or
Scan and Email to: shelly@sandhillstaskforce.org

Due June 1, 2017

Please note the form must be completed and returned before the deadline or the student will not be eligible to attend Range Camp.