

VOLUNTEER AND STAFF MEDICAL INFORMATION FORM

This form must be completed on both sides for all volunteers and paid staff at summer camps sponsored by **Outdoor Ministries** of the Church of the Brethren of Southern Ohio at Woodland Altars and at Cave Camps in Rockcastle County, Kentucky.

Last name _____ First name _____

Birth Date: _____ Sex: M F

Home Address _____
Street City State Postal Code

Emergency Contact _____ Home Phone () _____

Work Address _____ Work Phone () _____

Family Doctor _____ Telephone () _____

Health Insurance Co. _____ Policy # _____

Please fill in the following information to assist emergency medical personnel:

Date of last Tetanus shot: _____ Please list other immunizations with dates: _____

List any chronic or continuing health problems of which we need to be aware:

List any food allergies

List any surgeries or serious injuries which occurred with the past year: _____

List any physical or mental health factors which make it advisable for your camper to follow a limited program:

Are there any other factors of which you want to make us aware? _____

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM.

AUTHORIZATION

In the event of accident or illness in which I am unable to give consent, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any medical records necessary for treatment and for insurance purposes; and to provide or arrange necessary related transportation for me.

I understand that the emergency contact named on this form will be contacted in case of sickness or accident. In the event that I am unable to give consent in case of emergency, I hereby give permission to the physician and/or hospital selected by Outdoor Ministries, by Woodland Altars, or their designated medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for me. A copy of this form may be treated as an original.

I further give my permission to Outdoor Ministries and their designated staff to release the medical information contained in this form to any physician, hospital, and/or emergency medical personnel selected to care for me in the event of an emergency.

PLEASE LIST THE MEDICATIONS YOU WILL BE USING WHILE AT CAMP:

Medication

Instructions

Date _____ Signature _____

RECEIPT OF PRIVACY POLICY STATEMENT

I have received a copy of the Privacy Policy of Outdoor Ministries which explains the reasons for collecting health information requested on this form and the ways in which we may use that information for your protection and well being..

Date _____ Signature _____

PERMISSION FOR PHOTOGRAPHY

I hereby give my permission for the videotaping, filming, and/or photography of my camper for promotional purposes of Outdoor Ministries sponsored camps and/or Woodland Altars sponsored events. This permission includes the use of such photos in the Outdoor Ministries' summer camp brochure and/or the Outdoor Ministries and Woodland Altars web sites.

Name of staff or volunteer (printed) _____ Date _____

Signature _____

No one shall be denied admission to our camps or to the benefits of any of our programs because of race, color, national origin, sex, handicap, or age.

If you have questions or concerns please call or write us at Outdoor Ministries, 1001 Mill Ridge Circle, Union, Ohio 45322. Telephone 937-417-1184. www.outdoorministries.org

Privacy Policy

Outdoor Ministries – Church of the Brethren of Southern Ohio

The following privacy policy shall be applied to all summer camps conducted by Outdoor Ministries at Woodland Altars, to all cave camps, and to any other events or programs conducted by Outdoor Ministries for which it may be necessary to collect medical information for the protection and well being of the participants.

Our use of confidential medical information is intended for the health and well being of participants in our group camping programs – both campers and staff.

What information is collected:

For the protection and well being of participants in any overnight event involving minors and other residential camps we collect medical histories and information on medications which is provided by parents, guardians, volunteer and paid staff, and other participants in programs and events under the direction of the Outdoor Ministries Commission of the Southern Ohio District of the Church of the Brethren.

The use we make of confidential medical information:

Information on confidential medical forms is intended to enable our **camp nurse, camp physician**, and/or other **designated medical personnel** to provide emergency medical care for participants in camps and other Outdoor Ministries sponsored events.

In addition to those named in the previous paragraph, for the well-being of the participant, confidential medical information may be shared with the following persons:

1. Dean or other person in direct charge of the camp or event.
2. Counselor of the small group in which an individual is living. The information is not available to other counselors.
3. Administrative staff of Outdoor Ministries and the administrative staff of any facility (such as Woodland Altars) where our programs may be conducted.
4. Kitchen staff shall be made aware of any food allergies of an individual participant. Information from the medical records of a participant unrelated to food preparation shall not be disclosed to the kitchen staff.
5. For campers involved in Horse Camps, a completed and signed copy of the Medical Information Form will be provided to the Six Pack Equestrian Center (Barnard Farms, Inc.) for each camper.

All treatments and administration of all prescription and over-the-counter medications shall be logged in the medical log which becomes a part of our permanent record or the permanent record of the facility where our programs may be conducted. These logs which are kept in treatment areas during our camps may be seen by other staff who also enter information into them.

Participants, volunteers, and staff who have any medical condition requiring greater confidentiality may make arrangements with the Director of Outdoor Ministries to have their use of prescription medications to be recorded in a medical log which would be accessible only to the Director of Outdoor Ministries, the Camp Nurse and Physician, and a designated member of the staff of the host facility.

It is understood that the recording in the medical log book of the administration of prescription and over-the-counter medications is for the protection of the participant, the program, and the host facility. If a participant becomes ill it is critical for health care staff to know what medications have been used in the recent hours and days.

It is understood that all camper medications shall be entrusted into the care of the Dean of their camp who shall maintain those medications under lock and key. For groups living on the ridges and for off-site camps appropriate arrangements shall be made for keeping medications secure and protected from consumption by other campers. Exceptions shall be made for medicines which must be carried with the camper at all times. In these instances the medications shall be carried by the camper's counselor or staff person in direct charge of the camper.