

Medical Information

Must be filled out on **BOTH SIDES** by every participant. Please return to Group Contact Leader. **DO NOT** mail/fax these forms to the Workcamp Office. Please put these forms in alphabetical order. ****NEW POLICY**** Please attach a copy of your insurance card.

Church: _____ Group Contact Leader: _____

Participant Name: _____ () Male () Female Age: _____ DOB: _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact: _____ Emergency Phone: (_____) _____

Family Physician Name: _____ Phone: (_____) _____

HEALTH STATUS (Confidential)

Please list any health problems you may have (examples: Asthma, Allergies, Back Trouble, Diabetes, Seizures)

MEDICATION

Please list all medications (including over the counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medications in original packaging.

Please list all medication that the participant is taking:

Med #1 _____ Dosage _____ Reason _____

Med #2 _____ Dosage _____ Reason _____

Med #3 _____ Dosage _____ Reason _____

Date of your last Tetanus Booster: _____

Personal Medical Insurance Provider: _____ (ATTACH A COPY OF YOUR INSURANCE CARD)

Insurance Policy Number: _____ Group Number: _____

Name of Insured: _____ Relationship to Participant: _____

Please note: We cannot allow anyone without personal medical insurance coverage to participate in Catholic HEART Workcamp. Special diets are camper's responsibility.

GROUP CONTACT LEADER:

CHECK FOR:

#1 Personal Medical Insurance Provider #2 Insurance Policy Number #3 Parent and Participant Signature (on back)

****NEW POLICIES**** This form must be notarized (on back) and attach a copy of your insurance card.

DO NOT MAIL THESE FORMS. Please bring each participant's **ORIGINAL** Medical Information/Release of All Claims Form and a **COPY** to Workcamp and **TURN THEM IN AT REGISTRATION.** Please put the original forms in alphabetical order. You will need **THREE COPIES:** One will go with each participant to his or her worksite. The original will stay in the Workcamp Office and the contact person will need a copy.

ANYONE WHO ARRIVES AT WORKCAMP WITHOUT THE PROPER SIGNATURES OR AN INCOMPLETE FORM WILL NOT BE ABLE TO PARTICIPATE IN THE WORKCAMP

Parent and Participant SIGNATURE REQUIRED - SEE OTHER SIDE

CATHOLIC HEART WORKCAMP L.L.C. RELEASE OF ALL CLAIMS

Must be filled out on BOTH SIDES by every participant. Please return to Group Contact Leader. DO NOT mail/fax these forms to the Workcamp Office. Please put these forms in alphabetical order.

In consideration for being accepted by Catholic HEART Workcamp L.L.C., a Florida limited liability company, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Catholic HEART Workcamps and its managers, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp).

Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant.

The undersigned further agree to hold harmless and indemnify Catholic HEART Workcamp and associated social agencies and day care centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorneys fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume and indemnify Catholic HEART Workcamp, L.L.C. for all transportation costs.

I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the Catholic HEART Workcamp.

The Catholic HEART Workcamp will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the Catholic HEART Workcamp L.L.C. associated social agencies nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

MEDIA/PHOTO WAIVER:

I hereby authorize and give my full consent to Catholic HEART Workcamp L.L.C. to copyright and or publish any and all photographs, video or audio in which I/my child will appear in while attending Catholic HEART Workcamp. I further agree that Catholic HEART Workcamp may transfer these photographs, video or audio for use on the Catholic HEART Workcamp website and all promotional material.

Print Participant Name

Print Custodial Parent Name

Participant Signature

Date _____

Custodial Parent Signature (If under 21 years of age)

THIS MEDICAL INFORMATION/RELEASE ALL CLAIMS FORM MUST BE NOTARIZED

STATE OF _____)

COUNTY OF _____)

The foregoing was acknowledged before me on _____, 20 ____, by _____, who produced the following identification: _____.

Notary Signature: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____

Commission Number: _____