

# Expeditions Unlimited

## CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH AND ADULTS

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:    M:    F:    Age:     
Last First M. Init.

Name of Parents/Guardians (or spouse): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Check here if you do not wish to receive further mailings from Expeditions Unlimited.

If not available in an emergency please notify:

1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Relationship
2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Relationship
3. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Relationship

Check all that apply, giving approximate dates

Health History	Allergies	Diseases	Date
____ Frequent Ear Infections	____ Hay Fever	____ Chicken Pox	_____
____ Heart Defect/Disease	____ Poison Ivy, etc.	____ Measles	_____
____ Convulsions	____ Insect Stings	____ German Measles	_____
____ Diabetes	____ Penicillin	____ Mumps	_____
____ Bleeding/Clotting Disorders	____ Other Drugs	____ Asthma	_____

Allergies (describe reactions/treatment): \_\_\_\_\_

Operations or serious injuries and dates: \_\_\_\_\_

Chronic or recurring illnesses: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

**IMPORTANT: Please notify Expeditions Unlimited if this individual is exposed to any communicable disease during the three weeks prior to attending the trip.**

Additional Notes/Comments: \_\_\_\_\_

### IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

**Parental Authorization.** This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Expeditions Unlimited***

## **Release of Claims and Waiver of Liability**

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., its officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
D/O/B: \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Also required if applicant is under 18 as of date of signature)

## **Release as to Photographic, Movie and Video Images**

The undersigned in consideration of being able to participate in the contemplated trip, irrevocably consents to and authorizes the use and reproduction of by Expeditions Unlimited, Ltd. (and by third parties designated by Expeditions Unlimited, Ltd.) any and all photographic, movie and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
D/O/B: \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Also required if applicant is under 18 as of date of signature)