



## CAMPING HEALTH, CONSENT AND RELEASE

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

**Note to Parent/Guardian/Guest:** Wilderness Ministry Institute (WMI) wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history;
2. Medical insurance information; and
3. Optional: We highly recommend a physical examination, verified by Physician's signature, especially if you have any concerns whether your child (if he or she is a minor) will be able to complete a multi-day backpacking trip in the high country. If you elect not to have your minor have a physical examination, you are required to fill out this form to give us health background information on your child so we can handle any medical needs that may arise during the trip. To participate in this trip you are required to sign this form giving your consent and agreeing to release of liability and indemnification of Wilderness Ministry Institute guides, volunteers and agents.

**Please make a copy for your records.**

Email \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial

Parent or Guardian/Primary Emergency Contact \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2<sup>nd</sup> Cell Phone \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

### PHYSICAL ABILITY SIGN OFF

The applicant is under the care of a physician for the following condition(s): \_\_\_\_\_

Current treatment (include current medications): \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsions or concussion: \_\_\_\_\_

I hereby agree that my child is physically able to participate in a Wilderness Ministry Institute trip (hiking & physical activity at high altitudes).

Signature of parent, guardian OR adult camper/staffer: \_\_\_\_\_



## ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper accidents and the WMI's insurance is secondary. WMI's policy does not cover camper illnesses.

My insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance company address \_\_\_\_\_

Not currently insured – WMI reserves the right to subrogation if it is later determined that personal medical insurance was in place.

**(Optional) Health Care Recommendations: We recommend a physician's signature be on file at time of registration for minors attending a camp. A parent can complete the following health care recommendation if these conditions do not apply. WMI trips can include hiking above 14,000 feet of elevation.**

### RECOMMENDATION AND RESTRICTIONS WHILE ON TRAIL

Any treatment to be continued on trail \_\_\_\_\_

Any medication to be administered on trail (specific dosages) \_\_\_\_\_

Any allergies (food, drugs, plants, insects) \_\_\_\_\_

Any camp activities from which parents/guardians want child excluded? (CO camps have rigorous activities at elevations from 7-14,000+ feet) \_\_\_\_\_

Additional health information/activities to be limited \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Prescription medications being brought to camp (MUST be in original containers) \_\_\_\_\_

Name of family physician \_\_\_\_\_ Name of dentist/orthodontist \_\_\_\_\_

Special health and behavioral considerations \_\_\_\_\_

Dietary restrictions \_\_\_\_\_ Other diseases \_\_\_\_\_

<b>IMMUNIZATION HISTORY:</b> Required immunizations will be determined locally. Record month and year of basic immunizations.		
DPT: Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	3
TD: Tetanus		
Diphtheria		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
MMR I & II (Measles, Mumps, Rubella)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		
Chicken Pox (New York camps only)		

<b>HEALTH HISTORY</b> (Give approximate dates)		
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Measles	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> German Measles	<input type="checkbox"/> Convulsions in last 60 days
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Currently Pregnant	<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Has delivered baby in last 10 weeks	<input type="checkbox"/> Hepatitis C	
<b>Allergies</b> (Date not needed)		
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Ivy Poisoning, etc.	<input type="checkbox"/> Other Drugs	
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Other (specify)		

## LIABILITY RELEASE

### **AUTHORIZATION FOR TREATMENT**

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations\*; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Wilderness Ministry Institute to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures, which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

**Signature of parent, guardian OR adult camper/staffer:** \_\_\_\_\_

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization. Wilderness Ministry Institute does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees, which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

**Signature of parent, guardian OR adult camper/staffer:** \_\_\_\_\_

### **ACKNOWLEDGEMENT OF INHERENT RISK**

I acknowledge and understand there are inherent risks associated with Mountain View Backcountry Trips, (hereafter referred to as "Trips"), including physical activity at high altitudes, backpacking, rock climbing, mountain climbing, hiking, whitewater rafting, swimming, eating trail food, drinking treated water from streams, etc., and other activities included in the Trip. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my attendance in the Trip is a privilege and as a



consideration for this privilege, I hereby release Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips, from any legal or financial responsibility with respect to my participation in the Trip. I also release Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips, from responsibility for my accidental physical injury, including death or illness, and loss of personal property while on the backcountry Trip or during travel to and from the Trip. This release is also intended to include all claims made by my family, estate, heirs, personal representatives or assigns.

**\*\* INITIALS OF PARENT OR GUARDIAN OR ADULT CAMPER/STAFFER:** [REDACTED]

**ACKNOWLEDGEMENT OF MEDICATIONS**

I acknowledge and understand that the following medications will be carried by Mountain View Backcountry guides on the Trip: Epinephrine, Albuterol, Ibuprofen, Acetaminophen, Antihistamine, TUMS, Imodium AD, Pepto-Bismol. I hereby release Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips, from any physical injury, including death or illness, which is a result of administering the above medications and/or not having specific medications available on the Trip. I acknowledge and understand that if I have any specific needs for medication I will provide and administer them myself.

**Note:** It is not uncommon for a person to experience anaphylaxis from a bee sting or food allergy even if they have never before had a reaction. **We recommend (but do not require) that each camper carry an EPI-PEN as a precaution in case of a life-threatening anaphylactic reaction to a food allergy or bee sting, etc.** This is a prescription drug so you would need to have your doctor prescribe an EPI-PEN for your child to carry as a precaution on the trip. Most doctors will agree to this even if your child has not displayed any food or bee sting allergies before because these trips will occur in remote settings, far away from immediate medical help, so this is a normal backcountry precaution.

**\*\* INITIALS OF PARENT OR GUARDIAN OR ADULT CAMPER/STAFFER:** [REDACTED]

**WAIVER AND RELEASE**

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips harmless from any claim asserted by me against Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips, if I should repudiate this release after obtaining adulthood.

**\*\* INITIALS OF PARENT OR GUARDIAN OR ADULT CAMPER/STAFFER:** [REDACTED]

**PHOTO RELEASE**

I hereby grant permission to Wilderness Ministry Institute and any guides or leaders representing the activities of Mountain View Backcountry trips the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Wilderness Ministry Institute or to promote backcountry ministry in general.

**Signature of parent, guardian OR adult camper/staffer:** [REDACTED]

I also understand and agree to abide with the restriction placed on my camp activities as listed herein.

**Signature of parent, guardian OR adult camper/staffer:** [REDACTED]



## COVID-19 RELEASE & HOLD HARMLESS AGREEMENT

This document has legal consequences so please consult an attorney if you have any questions.

The current Covid-19 pandemic and government mandated orders (Local, state, and federal) highlight the risks associated with individuals engaging in experiential learning or outdoor activities.

The undersigned understands that exposure to disease-causing organisms such as Covid-19 and contaminated objects, as well as personal contact with other parties involved in these activities, including but not limited to other participants or instructors, involve some risk that could result in illness, permanent disability, or death.

By signing below, I agree to release and hold harmless Wilderness Ministry Institute and its agents, employees, volunteers, board members and vendors from and against all claims for damages and liability resulting from exposure to disease-causing organisms, such as Covid-19, and contaminated objects as well as personal contact associated with participating in activities and programs associated with these organizations.

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PARTICIPANT SIGNATURE

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DATE

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PRINTED NAME

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PARENT/GUARDIAN SIGNATURE

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DATE

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PRINTED NAME

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY & KEEP**

### **THIS FOR YOUR RECORDS.**

Wilderness Ministry Institute (WMI) is committed to protecting your personal health information. Personal health information may include such items as health consent forms, medical history information, etc.... This notice about protecting your health information is required by law. It tells you about your rights and how WMI uses and discloses your health information.

### **Your Health Information Rights**

You have certain rights regarding the health information Wilderness Ministry Institute has about you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, WMI is not required to approve your request.
- Request that WMI notify you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures WMI has made of your health information.
- In writing at any time, withdraw your permission for WMI to disclose your health information, except for the information that WMI disclosed before you stopped your permission.
- Ask WMI to change your health information if you believe it is incorrect or incomplete. Wilderness Ministry Institute may deny your request and, if so, will give you the reason(s) why the request was denied.
- Receive a paper or electronic copy of this Notice of Privacy Practices upon request.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one of these rights, contact:

Wilderness Ministry Institute  
P.O. Box 3885  
Centennial CO 80161-3885

### **How Wilderness Ministry Institute May Use or Disclose Your Health Information**

The law permits Wilderness Ministry Institute to use or disclose your health information for the following purposes:

**Treatment** - WMI may use and disclose your health information to help you receive medical treatment and services.

Example: WMI may use your medical history information to ensure that you receive proper medical care, should you become injured.

**Payment** - WMI may use and disclose your health information to pay for your medical treatment and services.

Example: A claim for healthcare services may be sent to WMI by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

**Health Care Operations** - WMI may use and disclose your health information to internal auditors.

Example: Your health information may be disclosed to the medical staff or quality improvement staff to review the effectiveness of the medical care you received.

**Requirements by Law** - Wilderness Ministry Institute may use and disclose your health information when the law requires it.

Example: WMI may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration, problems with products or reactions to medications.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
- To comply with laws and regulations related to Workers' Compensation.
- To allow other government agencies to provide you with benefits and services.

**Health Oversight Activities** – Wilderness Ministry Institute may disclose your health information to government health agencies for health oversight reasons, such as program audits or licensure review.

**Special Government Functions** – “Special government functions” such as protection of public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

### **Obligations of Wilderness Ministry Institute**

Wilderness Ministry Institute is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Wilderness Ministry Institute is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Wilderness Ministry Institute reserves the right to change its information practices. The new provisions will be effective for all protected health information that WMI's insurance plan maintains. Revised notices will be made available by contacting the administration office of the camp you are attending. If you have a complaint about this Notice of Privacy Practices, how Wilderness Ministry Institute handles your health information, or if you otherwise believe that your privacy rights have been violated by Wilderness Ministry Institute, your complaint should be directed to Wilderness Ministry Institute.