



Zephyr Point Presbyterian Conference Center (ZPPCC) Adult Medical Release Form 2020

To attend, all Participant must be completely registered 14 days prior to Arrival.

Event Name: _____ Event date(s): _____
 Participant/CREW First Name: _____ Last Name: _____
 Birthdate: ___/___/___ Gender: ___ Male ___ Female
 Primary Home Address: _____ City: _____ State: ___ Zip: _____
 Home Phone: (____) _____ - _____
 Cell Phone 1: (____) _____ - _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____
 Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Health History

Participant health and medical information needs to be made known to the camp. Participant personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Allergies: List all known allergies. Describe reaction and management of the reaction:

Medical allergies: _____

Food Allergies or special diet needs: _____

Other allergies: (includes insect stings, hay fever, asthma, animal dander, etc.): _____

Do you carry an epi-pen? YES NO If so, what for? _____

| | | | | | |
|-----|-----|--|-----|-----|---------------------------------------|
| Yes | No | | Yes | No | |
| ___ | ___ | Recent Injury, illness or infectious disease | ___ | ___ | ADHD / ADD |
| ___ | ___ | Chronic or recurring illness | ___ | ___ | Heart disease |
| ___ | ___ | Ever been hospitalized | ___ | ___ | If female, abnormal menstrual history |
| ___ | ___ | Ever had surgery | ___ | ___ | Eating disorder |
| ___ | ___ | Frequent headaches | ___ | ___ | Depression |
| ___ | ___ | Head injury | ___ | ___ | Sleep problems |
| ___ | ___ | Frequent ear infections | ___ | ___ | Psychiatric treatment |
| ___ | ___ | Ever passed out during or after exercise | ___ | ___ | Bed wetting (recently) |
| ___ | ___ | Had seizures | ___ | ___ | Respiratory problems |
| ___ | ___ | Diabetes | ___ | ___ | Other |

Please explain any "yes" answers:

Are there any other medical conditions or restrictions we should be aware of? _____

Immunizations: Current immunizations? YES NO **Date of last Tetanus:** _____

Health Insurance:

Do you carry health insurance? Yes No Carrier: _____ Group ID # _____

Doctor of Health Care Facility: _____ Phone: (____) _____ - _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely (please note if the medication is only taken at home). Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications.

Medication #1: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Medication #2: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Swimming level (circle): NONE BEGINNER INTERMEDIATE ADVANCED

Media/Photography: (please select one box below)

I do ___ I do not ___ give permission for ZPPCC to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise ZPPCC. Permission defaults to ZPPCC if a choice is not indicated. (if you check “do not”, you will be excluded from the group photo).

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, and archery. I understand that ZPPCC has taken extensive safety measures, including the certification of select staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that ZPPCC cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release ZPPCC from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of ZPPCC.

I give permission to the camp staff to (1) administer the camper's routine medications, as needed medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for ZPPCC's office.

Signature: _____ Date: _____



Dear Friend of Zephyr Point:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, limited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By entering the Zephyr Point property, you agree to the following:

On behalf of yourself, you hereby release, covenant not to sue, discharge, and hold harmless Zephyr Point Presbyterian Conference Center, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your presence on Zephyr Point property. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after your presence on Zephyr Point property.

Signature: _____

Printed Name: _____

Date: _____

Please return this form by mail to: Zephyr Point Presbyterian Conference Center Attn: Program Department P.O. Box 289, Zephyr Cove, NV 89448 Or email to: program@zephyrpoint.org