

Parent/Guardian Authorization for Health Care

I understand Forest Home employs California Licensed Registered Nurses and/or Trained Health Techs for the care of my attendee. I agree to comply with the requests for Doctors orders to be submitted as deemed required by Forest Home policy, to carry out adequate care for my attendee's special needs as addressed.

I have read the medications section of this form and agree to comply with State and county law. I understand that I need to send all medications: prescription and over the counter in their **original containers with untampered labels** to be given as directed on the label. **No pills in Baggies, multiple pills in one container or Sunday through Saturday containers** will be sent.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. Forest Home does not supply wheel chairs and has limited supply of crutches for use in fair weather conditions only. I understand that it is my responsibility to make arrangements for an attendee with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice or supply with equipment. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

Forest Home first aid supplies the following over the counter medication and/or treatments: Antacid Triple antibiotic, antiseptic wound cleansers, acetaminophen, ibuprofen, Sudafed, Benadryl, zyrtec, cough suppressant, throat lozenges, cough drops, laxative, hydrocortisone cream 18%, burn gel, petroleum jelly, oral glucose tabs, electrolyte replacement fluids, lice shampoo, techno, calamine lotion, alovera, bug spray, sunburn spray, sunscreen. Please list any you DO NOT want used for your attendee:

I have requested Forest Home, Inc. to allow my attendee to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my attendee's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my attendee and any other party who may have the right to assert any rights for or on behalf of my attendee, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your attendee is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs, the disabled or those with needs related to walking on their own such as with crutches or wheelchair, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and winter camp/summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my attendee) that may be sustained on the occasion of the camp experience I (or my attendee) shall attend.

RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual. All references to "attendee" are deemed to be one and the same as "my child".

Immunizations Statement

The State of California and County law require an accurate record of your attendees' current immunization status. By signing below you are declaring that your attendee is in compliance with California State law, being up to date or exempt, with all current immunizations required. This disclosure allows you to not have to submit a full immunization record to Forest Home, Inc.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____