



2019 Jijak Youth Camp Medical Release Form

(Please fill out one form for EACH Jijak Youth Camp Participant; please print legibly)

Your medical information is confidential. For your privacy and the safety of your child, please return the completed Medical Release Form in person or by mail: Gun Lake Tribe ATTN: Jijak Youth Camp, 2872 Mission Drive Shelbyville, MI 49344 or secure fax: (269) 397-1784. **DO NOT E-MAIL THIS FORM.**

Name: _____ Date of Birth: _____

Food Allergies/Type of Reaction: _____

Drug Allergies/Type of Reaction: _____

Insect Bite or Sting Allergies/Type of Reaction: _____

Other Conditions (Medical, Physical, Behavioral, Psychiatric or Social/Emotional Conditions):

Immunizations must be up to date. Michigan residents will be confirmed. Out of state campers will need to submit Immunization records with this medical release form.

Are the following immunizations current? DTaP/Tdap, Flu, HPV, MCV4, MMR, Varicella. YES NO
If No, what is not current? _____

Diet: Is a medically prescribed, religiously restricted or vegetarian diet required? YES NO
Please Explain _____

(Note: Some special diets may require campers to bring their own food)

Health insurance information:

Medical Insurance Company: _____ Policy Group Number: _____

Policy Holder's Name: _____ Telephone: _____

Family Physician: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

List any current medications being taken, doses and frequency: *All medication(s) [prescriptions and over the counter, if over the counter is provided] presently being taken, must not be expired, must be in their original packaging, be clearly marked with child's name and complete dosage instructions. **Only medications sent in original containers will be dispensed. Health Officer will dispense all medications.***

Name of medication	Dosage	How taken/given	Medication Schedule	Reason for giving

May we administer your child's prescription medicine, non-prescription medicine (i.e. Tylenol, Benadryl, Motrin, Pepto Bismo, etc.) and give routine non-surgical medical care to your child if deemed advisable by the Jijak Health Officer? YES NO

Please inspect your child for head lice or nits prior to camp. No child can be permitted to remain at camp if these are found present. Also, if your child has a fever or any other contagious illness, they will not be permitted to attend camp. IN GENERAL, rules of good hygiene are encouraged such as regular washing of hands.

As Parent/Legal Guardian, this health history is correct, so far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to Jijak Camp staff to hospitalize, to secure proper treatment and/or to order injections, anesthesia or surgery for my child as deemed necessary by a hospital emergency staff physician which in their professional judgment may be necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

I, _____ hereby request and authorize Gun Lake Tribe Jijak Youth Camp to use or disclose my child's Protected Personal Health Information. Information will be shared with only those who need to know in order to keep my child safe and ensure proper care. This may include: the Health Officer, kitchen staff, counselors and, in the event of an emergency, the hospital emergency staff physician.

Parent/Guardian Signature: _____ Date: _____