

MEDICAL/EMERGENCY INFORMATION 2015

Required information by all who attend:

Name: _____ Date of application: _____

Check or circle one Family Retreat ____ Friends & Alumni ____ Moderate Adv. ____
High Adv. ____ Extreme Adv. ____ Blinded Vets Adv. ____

Blinded Vets Adventure ____ (See camp/retreat dates, page 3)

Name of personal caregiver coming (if applicable) please print:

Your Age: _____ Gender: _____ Weight: _____ Date of Birth: _____

Medications: Please circle or check one of the following:

- I take no medications.
- I take medications and will self-administer them.

Health History (Indicate any conditions we should know about including diabetes, heart trouble, epilepsy, kidney disease, sleep walking, etc.) If you need more space please use back of form.

List any conditions (**other than blindness**) that could affect your participation in our programs.

Mobility Needs/Physical Limitations

- Does participant use a white cane? YES ____ NO ____
- Does participant use a wheelchair? YES ____ NO ____

Dietary needs (circle one or more)

- Vegetarian, vegan, gluten free, lactose intolerant, diabetic
- Medically prescribed diet that I will provide
- Allergies to medications, environment, or food, please list all:

Emergency Contact Person for Medical Issues: (Must be available 24/7)

1. Name _____ Relationship _____

Address _____ City _____ St _____ Zip _____

Cell phone _____ Work phone _____ Home phone _____

Email _____

Physician to consult in case of accident or emergency

Name _____ Phone _____

Medical Office or
Hospital _____ Phone _____

Medical Marijuana Policy:

You must bring a copy of your doctor's authorization for medical marijuana usage. Per Oregon State Law, there is no smoking inside or within 10 feet of any building. You must smoke in designated areas only.

This health history is correct so far as I know and the person herein described his/ her permission to engage in all activities, except as noted. I hereby consent to any radiological procedure, examination, anesthetic, medical/surgical diagnosis/treatment, and hospital service that may be rendered under the general/special instruction of above named physician/any hospital, or at Oral Hull. This consent shall remain in continuous effect until revoked in writing. A photocopy of this authorization shall be considered as effective and valid as the original. The Oral Hull Foundation does not provide health/accident insurance for participants. Participants must carry their own insurance or be prepared to pay the cost of any medical services or prescriptions obtained while at Oral Hull.

COMPLETE RELEASE AND HOLD HARMLESS AGREEMENT

By my signature on this document, I assume all liability from any cause whatsoever that may arise, out of or in connection with, Oral Hull Foundation for the Blind, Inc. including, but not limited to all liability from any cause whatsoever, for personal injury or property damage; in

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connection with, or during the time of my presence, at any businesses or other enterprise of this nonprofit organization.

I release and hold harmless the Oral Hull Foundation for the Blind, Inc., its employees, agents, volunteers, assigns, and successors (hereinafter, "the protected parties") from all liability from any cause whatsoever as described above.

The consideration for this document is the services that the Oral Hull Foundation for the Blind is providing to me. This document shall be given a liberal construction, with all ambiguities resolved in favor of the protected parties. If any provision of this document is deemed to be partially void, invalid, or unenforceable, that provision shall continue in full force and effect to the maximum extent permitted by law, and all remaining provisions of this document is deemed to be completely void, invalid, or unenforceable, that provision shall be served from the remainder of this document, and all remaining provisions of this document shall continue in full force and effect.

X Signature _____ Date _____

Name (print) _____

	Camp Dates:
Family Camp	July 1 - July 5, 2015
Friends & Alumni	July 15 - July 19, 2015
Moderate Adventure	August 04 - August 10, 2015
High Adventure	August 13 - August 19, 2015
Extreme Adventure	August 21- August 27, 2015
Blinded Vet Adventure	September 07 - September 11, 2015