

SELF-REALIZATION FELLOWSHIP "HOW-TO-LIVE" YOUTH PROGRAM CHILD'S MEDICAL FORM

To Parent and/or Guardian:

Your child's well-being is important to us at Self-Realization Fellowship. The guided practices taught in our "How-to-Live" Youth Programs depend on soundness of body and mind, which is important for spiritual attainment and feelings of contentment. As a precautionary measure and to ensure your child's stay at camp is a positive experience, we ask that you please take a moment to review and complete this Medical Form, provide the necessary information, and sign where indicated. You may wish to refer to your family medical files or contact your child's physician to enable you to complete this form accurately. Any Medical Form submitted with missing information will be returned to the Parent or Guardian for completion. Please note that the information provided on this form may be viewed by SRF monastics, employees who process Youth Program registrations, and volunteer staff who work directly with the children at camp.

If you include medical information on the Confidential Information page on the application, please make sure to also include it on this Medical Form, to ensure the safety and well-being of your child. SRF cannot be responsible for information not provided on this Medical Form.

Medical Examination

SRF encourages, but does not require, your child to be examined by a licensed medical professional for purposes of the Youth Program. We wish to leave the decision of whether your child should have a medical exam to your discretion. For your reference we provide below a list of the campground conditions and the activities that your child may be engaged in during the week of the Youth Program. We hope that the information provided, together with your knowledge of any special health requirements of your child, will enable you to make an informed decision of whether or not a medical exam is necessary or advisable. If you have any questions about the necessity or advisability of a medical exam, we urge you to consult with your physician.

Camp Arbolado Conditions: Summer Afternoon Temps: 70's - 80's Evening: mid. 50's and lower Elevation: 6,700 feet above sea level
The following activities are scheduled to take place at the Youth Program Camp:

Sporting events/Games Canoeing Swimming Hiking Night time campfires

MEDICAL HISTORY (This side is to be filled in by Parent or Guardian of minor)

Child's Name: _____ Birth Date: ___/___/___ Soc. Sec.#: _____ - _____ - _____ Age at Camp: _____
Last First Middle Initial

Parent/Guardian(Name #1): _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____

Home Address: _____
Street & Number City State Zip Cod

Parent/Guardian(Name #2): _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____

Home Address: _____
Street & Number City State Zip Code

If not available in an emergency, notify:

Name: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Home Address: _____
Street & Number City State Zip Code

Please provide a photocopy of your child's insurance card or complete the appropriate questions below:

Is the participant covered by family medical/hospital insurance? Yes No If so, indicate carrier or plan name _____ Group #: _____

Carrier address: _____

Name of insured: _____ Relationship to participant: _____ Is prior authorization necessary? _____

Social Security Number of policy or insurance ID number: _____ Carrier/Authorization Telephone Number: _____

Name of family physician: _____ Phone: _____

Address: _____

Immunization

For the protection of your child and those around him/her, please provide us with a copy of your child's immunization record (such as an immunization record required by school) showing the date and each type of immunization your child has had. If a copy of your child's immunization record is not available, but you are able to obtain the required information, please note all applicable facts in the spaces provided below. Generally, most states require that students be immunized against certain diseases before they can be admitted to school. For example, immunization requirements for the State of California include polio, diphtheria, tetanus, and whooping cough (for children under age 7), German measles (rubella), red measles, mumps (for children under age 7), and Hepatitis B.

