



University of California Division of Agriculture and Natural Resources

Elkus Ranch Camp Participant Youth Medical Release Form

This Medical Release Form is authorized for all Elkus Ranch Activities during the dates specified below:

First Name _____ Last Name _____ Club/Unit Name _____
County and State _____ Date _____

While my child is attending an Elkus Ranch function, I HEREBY AUTHORIZE THE ADULT ELKUS EDUCATOR OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Youth Identified Above _____
(_____) _____ (_____) _____
Emergency Day Phone (with area code) _____ Emergency Night Phone (with area code) _____
Mailing Address _____ City _____ State _____ Zip _____

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can participate in all functions of the Elkus Ranch Day Camp as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) annually.

Signature of Parent/Guardian _____ Date _____

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian _____ Date _____

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, University of California, DANR Building, One Shields Ave., Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.



University of California, Division of Agriculture and Natural Resources

Elkus Ranch Camp Participant

Health History Information

First Name

Last Name

County

Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

☐ Tylenol

☐ Ibuprofen

☐ Cough Syrup

☐ Decongestant

☐ Dramamine

☐ Antacid

☐ Polysporin

☐ Hydrocortisone

☐ Other: _____

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to Linda Manton, University of California, Agriculture and Natural Resources, DANR Bldg., Office 225, Davis, CA 95616, (530) 752-0495.