

# QUICKWATER/SKY MOUNTAIN RANCH

## MINOR-AGE PARTICIPANT HEALTH AND MEDICAL RECORD

**NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

Names of parents or guardian \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD**

### GENERAL HEALTH INFORMATION

**PLEASE CHECK ALL ITEMS THAT APPLY, PAST OR PRESENT, TO YOUR HEALTH HISTORY. EXPLAIN AS REQUIRED.**

**ALLERGIES:** Food, insect stings, drugs, plants Yes  No  Explain: \_\_\_\_\_

<b>MEDICAL HISTORY</b>	Yes	No		Yes	No		Yes	No
ADHD or ADD	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>
Chronic, recurring illness	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Other types of problems	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answer checked above: \_\_\_\_\_

**MEDICATIONS:** List all medications taken at any time in the 30 days prior to arrival at the ranches: \_\_\_\_\_

List any MEDICATIONS TO BE TAKEN WHILE AT THE RANCH, including drug, dosage, route (oral, injection, etc), and frequency: \_\_\_\_\_

**ANY MEDICATION BROUGHT TO THE RANCH MUST COME IN THE ORIGINAL CONTAINER WITH BOTH USAGE AND DOSAGE CLEARLY PRINTED ON THE LABEL**

**RESTRICTIONS:** List any conditions and restrictions that will limit full participation in backpacking, farm/ranch work, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List any special equipment you will bring (inhaler, insulin syringe, etc): \_\_\_\_\_

List any special diet restrictions: \_\_\_\_\_

### IMMUNIZATION RECORD:

Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_

DTP \_\_\_\_\_ Measles \_\_\_\_\_ Varicella \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Rubella \_\_\_\_\_ or Chicken pox \_\_\_\_\_

Hepatitis B \_\_\_\_\_ MMR \_\_\_\_\_

**PHYSICAL EXAM AND PHYSICIAN'S CONFIRMATION**

*The applicant will be participating in strenuous activity that will include one or more of the following conditions: athletic competition, farm/ranch type work, hiking and/or backpacking that may be at high altitude.*

**PLEASE INSIST THAT COMPLETE MEDICAL INFORMATION AND HISTORY BE FILLED OUT ABOVE BEFORE THE EXAM**

Date of exam \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood pressure \_\_\_\_\_

Pulse \_\_\_\_\_ / \_\_\_\_\_

**CHECK BOX IF NORMAL; CIRCLE IF ABNORMAL AND GIVE DETAILED DESCRIPTION BELOW**

<input type="checkbox"/> Growth, development	<input type="checkbox"/> Teeth, tonsils	<input type="checkbox"/> Genitourinary
<input type="checkbox"/> Skin, glands, hair	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Skeletomuscular
<input type="checkbox"/> Head, neck, thyroid	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Neuropsychiatric
<input type="checkbox"/> Eyes, ears, nose	<input type="checkbox"/> Abdomen, hernia	<input type="checkbox"/> Other (specify)

**DESCRIPTION OF ANY ABNORMAL FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATIONS, LIMITATIONS AND RESTRICTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S CONFIRMATION**

**I have examined the person herein described, reviewed his or her health history and medical information. It is my opinion that he or she is physically able to engage in all of the Quickwater/Sky Mountain Ranch programs and activities, except as noted above.**

Date \_\_\_\_\_

Examining physician's signature \_\_\_\_\_

Examining physician's name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

# QUICKWATER/SKY MOUNTAIN RANCH

## TERMS AND CONDITIONS AGREEMENT

**The purpose of the Ranch programs and activities** is to provide teenage young men and women the opportunity to develop leadership skills, build self reliance, reinforce faith, and strengthen relationship skills. The programs are designed for normal, healthy young women and men in stable emotional health. The Ranch programs are not rehabilitation programs for troubled teenagers, and cannot accommodate those with severe emotional or behavioral problems, nor can they accommodate those with drug or alcohol problems, or eating disorders. **By signing below you represent that your son or daughter meets all of these requirements. If your son or daughter has now or has had in the past any of these problems we require an additional letter of explanation before acceptance of your son or daughter will be considered.**

**These are not church-sponsored programs.** All denominations are welcome; however, the Ranch programs are run by members of The Church of Jesus Christ of Latter-day Saints, and they all have a spiritual emphasis. Those who attend will participate in prayers and religious discussions, and will attend church together on Sundays.

**In order for participants to receive the maximum benefit** from the Ranch experience, it is important that they participate by their own free choice. Please do not exert any form of coercion to motivate your son or daughter to become involved in these programs.

**It is essential that each participant attend the full session;** accordingly no late arrivals or early departures will be accepted.

**We require that participants not have with them any form of electronic equipment,** such as cell phones, games, iPods, etc. Cameras that are not part of a cell phone are allowed. If your son or daughter cannot comply with these requirements, please leave space for someone who is willing to make these commitments.

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**Understanding and accepting all of the above, we, the parents or legal guardians of \_\_\_\_\_ hereby give our consent** and permission for full participation of our son or daughter in all Quickwater/Sky Mountain Ranch (Ranch) programs and activities, and by doing so to become a member of the Ranch Association while at the Ranch. The Ranch as referred to herein specifically includes the California Family Foundation (Foundation) and any employees, officers, directors, agents, and/or volunteers of the Ranch or the Foundation, and those from whom the Ranch or Foundation leases or borrows livestock.

**In the event of illness or injury,** we hereby give our permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for our son or daughter. We agree to be financially responsible for the costs of all such care, treatment and medications.

**As lawful consideration** for our son or daughter being permitted to attend the Ranch and participate in Ranch programs and activities we hereby agree that we, our son or daughter, our heirs, personal representatives, and assigns will not make a claim against or sue the Ranch for any injury (including fatal injuries) or damage or loss arising from the negligence or other acts, however caused, of or attributed to the Ranch. In addition, we hereby release and discharge the Ranch from all actions, claims, or demands, that we, our son or daughter, our heirs, personal representatives, or assigns now have or may hereafter have for injuries, death, loss, or property damage caused in whole or in part by the negligence of the Ranch. This agreement does not release the Ranch from liability arising from its acts of gross negligence, or wanton or willful misconduct.

**By signing below** we certify that we, along with our son or daughter, have carefully read and willingly agree to comply with all of the terms and conditions outlined above.

Date \_\_\_\_\_

Signature of Father or Legal Guardian \_\_\_\_\_

Signature of Mother or Legal Guardian \_\_\_\_\_

Signature of Participant \_\_\_\_\_

**NOTE: Signatures are required of each living parent or guardian. If only one signature is provided, unless another explanation is attached hereto, the signing parent or guardian represents to the Ranch that the other parent or guardian is deceased.**