

Intern Medical Information

Intern's Full Name:

Do you carry family medical/hospital insurance? Y / N

Insurance Information						
Insurance Carrier:		Policy #:				
Responsible Party (Self, if over 18 years of age)						
Last Name:		First Name:				
Address:						
City:		State:	Zip Code:			
Phone #: ()		Relationship to Intern:				
Relationship to Intern:		Physician Phone #: ()				
Date of last tetanus shot:		Are all immunizations up to date? If no, please explain:				
Allergies (please list ALL allergies)						
Drug/Other:		Food/Other:				
Medications (please list ALL medications that will be required at camp and a brief explanation of their use)						
Medication:		Explanation:				
Dosage:						
Medication:		Explanation:				
Dosage:						
Medication:		Explanation:				
Dosage:						
Please attach a separate sheet of paper to list any additional medications.						
Medical Release						
<p>By signing this form, I give my informed consent to the First Aid personnel assigned by Old Oak Ranch who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for an Intern with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scope of practice. I authorize Old Oak Ranch to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Old Oak Ranch to secure and administer any and all medical treatment deemed necessary for my self / child, including hospitalization.</p> <p>This completed form may be photocopied for trips away from Old Oak Ranch properties. Although OOR protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my self / child's PHI may be viewed by those who OOR deems necessary for the performance of providing emergency health care.</p> <p>I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my self / child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacids, antibiotic ointments, hydrocortisone creams, burn creams, petroleum jelly, chapped skin/lip treatments, antiseptic skin and wound cleansers, glucose, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel as needed for the comfort of my self / child.</p> <p>I understand that my self / child's photo may be taken at camp and/or during the intern program and I authorize OOR to utilize these photos for the promotion of Old Oak Ranch in both printed media and internet. I have requested Old Oak Ranch to allow my self / child to participate in any and all activities that may include but are not limited to those outlined in the Intern Program. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my self / child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child, and any other party who may have the right to assert any rights for or on behalf of my self / child, do hereby forever release and discharge, indemnify, and hold harmless Old Oak Ranch, International Church of the Foursquare Gospel, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my self / child's participation in Old Oak Ranch's Internship and its activities, including losses arising from the negligence of Released Parties, whether such losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.</p> <p>I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.</p>						
<p>All prescription medications, over-the-counter medications, vitamins, and herbal products must be administered by ones self. Each of the medications and products MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">Required Signature</th> </tr> </thead> <tbody> <tr> <td>Signature must be of a parent, legal guardian, or self (if over 18 years of age) stating, "I have read and understand this entire form and by signing below agree to the terms herein."</td> </tr> <tr> <td>X _____ Date: _____</td> </tr> </tbody> </table>		Required Signature	Signature must be of a parent, legal guardian, or self (if over 18 years of age) stating, "I have read and understand this entire form and by signing below agree to the terms herein."	X _____ Date: _____
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