



**Florida Sheriffs Youth Ranches**  
**Camp Informed Consent/Medical Information/Photo Release**



I understand that my participation in programs with the Florida Sheriffs Youth Ranches, Inc. is entirely voluntary. I release Florida Sheriffs Youth Ranches, Inc., it's employees, staff, and other agents from any claims or liability arising out of my participation. I am not under the influence of any chemical substance including alcohol. I understand that any physical activity involves the risk of increased heart rate and/or injury.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have health/accident insurance: YES NO If yes, please list carrier/policy number: \_\_\_\_\_

Do you have any limiting physical or health disabilities or handicaps (temporary or permanent)? YES NO

If yes, please explain: \_\_\_\_\_

Are you taking any medications, prescribed or otherwise? If so, list medication and condition: \_\_\_\_\_

List any known allergies to medications or otherwise: \_\_\_\_\_

If you are allergic to insect bites/stings, do you have appropriate medication? \_\_\_\_\_

Do you wear contact lenses/glasses? YES NO Are you pregnant? YES NO

Do you currently have any of the following symptoms or conditions: (Check if yes)

<input type="checkbox"/>	Heart Disease or Heart Attack
<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Chest Pains, palpitations, heart murmur
<input type="checkbox"/>	Have you ever had a stroke?
<input type="checkbox"/>	Do you have diabetes?

<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Drug Reactions
<input type="checkbox"/>	Back, neck, or knee problems
<input type="checkbox"/>	History of heart disease, high blood pressure or stroke in family?

If you checked any of the above, please explain each: \_\_\_\_\_

Have you had any recent injuries? Please explain: \_\_\_\_\_

List any other conditions we should be aware of: \_\_\_\_\_

I hereby consent to and authorize the use and reproduction by the Florida Sheriffs Youth Ranches, Inc. of any photographs, video, and sound recordings taken of me during this program for any media or marketing use. (Circle if no) NO

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Parent/Guardian Signature if participant is under 18: \_\_\_\_\_