

**KENDALL COUNTY OPERATION SNOWBALL
MEDICAL ADMISSION FORM
CONFIDENTIAL**

Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Ht. _____ Wt. _____ (lb.)

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (emergency) _____

Other than Parent/Guardian, indicate Relative/Friend to contact in case of emergency:

Name _____ Phone _____

Family Physician _____ Phone _____

Insurance Carrier Name _____ Ins. Policy/group number _____

Have you had a physical exam in the past year? Yes No

By whom? _____

Have you had the childhood diseases? (Mumps? Measles? Chicken pox?) Please list below:

Are your immunizations up to date? Yes No Date of last tetanus shot: _____

Any limitations of physical activities? _____

Any serious emotional problems past or present? _____

Any known allergies, including medications? Yes No (If yes, list them and indicate reactions.)

Are you currently taking prescribed medication? Yes No

Please list below:

Medication Name

Dosage & Times

Reason for taking

1. _____

2. _____

3. _____

4. _____

Do you have a history of (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Communicable Diseases | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Alcoholism/Drug Addictions |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fainting | _____ |

Do you have any special dietary requirements? Yes No If yes, please describe below:

Please answer 'yes' or 'no'. May we dispense Ibuprofen? _____ Or Acetaminophen? _____

_____ or over the counter medications? _____ In addition to any of the applicant's prescribed medications. **PARENT SIGNATURE:** _____

The parent or guardian of the above Kendall County Operation Snowball Participant, shall designate all matters of discipline and emergency decisions to the Kendall County Operation Snowball authorities and hereby release Kendall County Operation Snowball from any liabilities for accidents.

The parent or guardian and participant understand that on behalf of their heirs, assigns, personal representatives and next of kin hereby release and hold harmless Kendall County Operation Snowball, their officers, officials, agents and volunteers, from any and all liability for injury, disability, death, loss of damage to personal property.

We also acknowledge, understand and agree that we have read this release of liability and assume all risk associated with participating in described activity and that we sign this release of liability voluntarily and without inducement.

We understand that first aid will be delivered at Dickson Valley; that the participants will b closely supervised and that if a serious injury or illness develops, medical and/or hospital care will be given; however, the Kendall County Operation Snowball Staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician.

SIGNATURE OF PARENT _____ DATE _____

PICTURE RELEASE

I hereby grant permission for the taking of photographs which may include my son or daughter _____ during Kendall County Operation Snowball.

I understand that these photographs will be used for publicity and fundraising purposes and that my son's/daughter's name will not be released in connection with these photographs.

SIGNATURE OF PARENT _____ DATE _____

KENDALL COUNTY OPERATION SNOWBALL

Expectations

1. All participants who drive their own cars must park them in designated areas. For security purposes, keys must be turned over to Snowball Adult Staff upon registration.
- *2. Participants are encouraged to leave cell phones at home. If a participant brings a cell phone, it must be turned over to Snowball Staff upon Registration. All cell phones can be picked up at the end of the event.
- *3. All non-prescription and prescription medication must be turned in upon registration and later administered by a Snowball Co-Director and picked up at the end of parent closure.
- *4. Participants will not be permitted to leave the grounds area, nor have visitors unless special permission is granted by the Snowball Directors. Pre-arranged visitors must check in and out with the Snowball Directors.
- *5. Participants will be expected to participate in all scheduled Snowball Activities. Exceptions to this may be authorized, on a very limited basis, by the Snowball Directors. Participants are expected to wear their nametags throughout the weekend.
6. Get ready for bed means all areas become restricted to the same sex. Lights out signifies the time when participants are to be in their bunks and are not to leave their assigned room without staff permission. Participants must remain in their Dorm building until 7:00 am.
7. Kendall County Operation Snowball will not be responsible for personal items that are lost or stolen.
8. Participants should notify Snowball staff immediately, in the event of an illness or injury.
- *9. Participants shall remain drug-free (**this includes no use or possession of alcohol or tobacco products of any kind.**)

*Any infraction of this regulation could lead to immediate dismissal from Kendall County Operation Snowball and referral to the home school discipline policy.

STUDENT SIGNATURE

PARENT OR GUARDIAN



Kendall County Operation Snowball

An accredited chapter of Operation Snowball, Inc.

Dennis Scholtz, Director

Dear Parents/Guardians,

Your son or daughter will be going through a powerful and enriching program. Operation Snowball is a difficult experience for veterans, as well as for newcomers, to explain. You will find that your child will experience some frustration in attempting to communicate what they have experienced.

In an attempt to help you with this, we will have a special "Parent Closure" from 1:00 PM to approximately 2:30 PM on Sunday of the weekend, for parents and families of the participants. We encourage you to attend and can assure you that your presence will be greatly appreciated. We hope that the closure will enhance your communication as well as provide a moving moment in your relationship with your son or daughter.

Please plan to be prompt so that you do not miss a portion of the Parent Closure or it may lose it's meaning. So that we may determine our needs, please indicate your intentions to attend on the return sheet at the bottom of this page.

Speaking for staff and participants, we hope to meet you at the Operation Snowball Closing.

Warm Fuzzies!

Dennis Scholtz
Adult Director

Participant's Name _____

_____ I/We will be able to attend the "Parent Closure."

Number who will attend _____.

_____ I/We will not be able to attend "Parent Closure."

Please have your teen turn this in at registration.

PACKING LIST

Casual Clothing

Outside Clothing

Toilet Articles (toothbrush, toothpaste, hair needs, towels, washcloths, soap)

Sleeping bag or bedding and a pillow

Flashlight

Favorite sayings, poems, songs, stuffed animals, etc. (optional)

Slippers

Money for Pop machine

GENERAL INFORMATION: Refunds are available up until the registration deadline. After that, complete refunds will be made only if there are students on a waiting list to attend. No refunds will be made in the last 24 hours prior to registration.