

[Insert Church Name] Waiver and Medical Release

Child's Name: _____ Date _____
(First Name) (Last Name)

Phone Number: _____ Address _____

Church: _____ Email (Parent) _____

If it's less than one week before event begins, please bring this waiver form; completed & signed, to event check in.

MEDICAL HISTORY

Are the child's immunizations current? Yes No Last TETANUS Shot (Year) _____

Does the child have any allergies or medical conditions (Drug, Food and/or Environmental) Yes No

If yes, please list and explain in detail.

Medical Insurance Provider & Policy #: _____

Child's Doctor's Name & Phone #: _____

Will the child need to take medication while at event? Yes No

If yes, please indicate what medicine? How many (pills)? How often? Reason for meds:

- Please note: Medical staff at event will not allow the child to take any medication in a manner different than what the medicine container or prescription container instructs.
- ALL MEDICINES MUST BE SENT IN THE ORIGINAL CONTAINER!!! THIS INCLUDES ANY NON-PRESCRIPTION DRUGS.
- All medicines, prescription AND nonprescription, will be dispensed by the event medical staff. State law requires that all meds be kept in the infirmary. Childs will not be allowed to keep their medications with them.

Does the child have any special physical, mental, or emotional needs? Yes No If yes, please list and give details. Please remember this form will be kept in strict confidence. _____

(Please include any conditions or diagnosis, such as Diabetes, Asthma, ADD/ADHD, Depression, Bipolar Disorder, OCD, Anxiety Disorder, Oppositional Behavior, etc. Please include any information that will help the event staff provide the best possible event experience for your child.)

Would you like a call from the event director or medical director regarding your child's situation and/or needs? Yes No

RELEASE

I, parent or guardian, hereby give approval for my child to attend the _____ event at _____ and relieve the _____ event, the _____ Church and all affiliated staff from any and all liability for sickness, accidents or injuries while attending or being transported to/from the camp facilities. In the event of an emergency and I cannot be contacted, I give my consent to the Event Director and the Medical Director (Nurse) to authorize medical help on site or at an appropriate medical facility. I give permission to the _____ Staff to use pictures / video of my child for the purposes of promoting the event experience.

Parent or Legal Guardian (please print name) _____

Signature of Parent or Legal Guardian Date _____

NOTE: NO CHILD WILL BE ALLOWED TO CHECK IN AT EVENT UNLESS THIS SIGNED WAIVER IS TURNED IN.

PLEASE MAIL FORM BY _____ to: _____.