

Waiver and Medical Release

Camper Name: _____ Date _____
(First Name) (Last Name)

Phone Number: _____ Address _____

Church: _____ Parent Email _____

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

MEDICAL HISTORY

Are the camper's immunizations current? Yes No Last TETANUS Shot (year) _____

Does the camper 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 camper need to take medication while at camp? Yes No

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

- Please note: Medical staff at camp will not allow the camper 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 camp medical staff. State law requires that all meds be kept in the infirmary. Campers will not be allowed to keep their medications with them.

Does the camper 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 camp staff provide the best possible camp experience for your child.)

Would you like a call from the camp director or camp 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 _____ Youth Camp at _____ and relieve the _____ Youth Camp, 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 Camp Director and the Camp 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 camp experience.

Parent or Legal Guardian (please print name) _____

Signature of Parent or Legal Guardian Date _____

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

PLEASE MAIL FORM BY _____ to: _____.