

Concord Baptist Association Children's Camp Medical Release Form

Camper Name (First, Middle, Last): _____

Gender (circle one): Male/Female Age: _____ Date of Birth: _____

Camper Home Address: _____

Emergency Contacts:

1st Parent/Guardian Name: _____ Relationship to child: _____

Preferred phone(s): _____

2nd Parent/Guardian Name: _____ Relationship to child: _____

Preferred phone(s): _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to child: _____

Preferred phone(s): _____

Health History:

Allergies: *please designate all that apply and use the space given to describe what the child is allergic to, and the reaction seen.*

- No known allergies
- Food
- Medicine
- The environment (insect stings, hay fever, etc.)
- Other

Diet:

Does your child have any special dietary needs? If so, please describe.

Restrictions:

Does your child have any physical restrictions or require adaptations to participate in camp activities? If so, please describe.

Medical Conditions:

Does your child have any serious/chronic medical conditions of which we should be aware? If so, please describe

Medications:

Name of medication	Reason for taking it	When it is given	Amount or dose given	How it is given

The following non-prescription medications may be kept by the camp nurse and are used on an as needed basis to manage illness and injury. **Cross out those that your child should not be given.**

Acetaminophen (Tylenol)

Antihistamine/allergy medicine

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Calamine lotion

Ibuprofen (Advil/Motrin)

Antibiotic cream

Aloe

Other _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Healthcare Providers:

Name of camper's primary doctor: _____ Phone: _____

Name of dentist: _____ Phone: _____

Medical Insurance Information: Please include a front/back copy of your insurance card

Insurance company: _____ Policy Number: _____

Subscriber: _____ Insurance Co. Phone: _____

Concord Baptist Association Children's Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Concord Baptist Association Children's Camp.

I understand that camp activities could include play and outdoor activities around and near the Pulaski Baptist Association campground, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor activities may occur in the hot sun and in the rain.

In the event of illness, injury, and/or accident, I authorize the Concord Baptist Association Children's Camp Director to seek emergency medical treatment on the behalf of my minor child. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. If I, nor the emergency contacts provided can be reached, I give the physician selected by the camp authorization of provide necessary medical treatment for my minor child. I agree to pay any necessary expenses not covered by Concord Baptist Association accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Concord Baptist Association Children's Camp may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Concord Baptist Association is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Concord Baptist Association camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Concord Baptist Association, its board, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Concord Baptist Association, its board, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Concord Baptist Association, its board, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Signature of Custodial Parent/Guardian _____

Date: _____

Relationship to Camper: _____

Photo/Video Media Release

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

Signature of Custodial Parent/Guardian _____

Date: _____

Relationship to Camper: _____