

Medical Release & Consent

Camper Name _____

Medical Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Name of Family Physician _____ Ph _____

Please state any restrictions, physical impairments and necessary limitations of activities: _____

Date of last Tetanus booster: _____ Known Allergies: _____

Past pertinent medical history (i.e. diabetes, asthma, heart problems, seizures, etc.): _____

Medically Required Dietary Restrictions: _____

Medication Policy: All prescription medications **MUST** be in original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. **All prescription medications must be turned in to Camp Director at time of arrival.**

Current Prescription Medications: _____

Signature of Parent/Guardian _____

Date _____

Waiver & Indemnification

I authorize the camp nurse to administer first aid as required for illness or injury. In case of an emergency I understand that every effort will be made to contact me; however, if I cannot be reached, I hereby give permission to the physician or dentist selected by Calvary Outreach Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, **(Child's name)**_____.

To the extent allowed by law, I will indemnify and hold harmless Calvary Outreach Church from and against any and all expenses, losses, claims, damages or liabilities, joint or several, due to injury or loss of property sustained by camper named above while in attendance at the Calvary Outreach Kids Kamp for the dates of July 9 – 12, 2018.

I further authorize Calvary Outreach Youth Ministries to use photographs and videos of the child named above for future brochures, publications and for Calvary Outreach's website. Name(s) will not be published, and camp photos will not at any time be used by any other organization/church.

Signature of Parent/Guardian _____

Date _____