

## MEDICAL RELEASE & CONSENT / WAIVER & INDEMNIFICATION

Camper Name \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Family Physician \_\_\_\_\_ Ph \_\_\_\_\_

Please state any restrictions, physical impairments and necessary limitations on activities

Date of Last Tetanus booster: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medically required dietary restrictions: \_\_\_\_\_

Medication Policy: Medications brought to camp MUST be checked in with the camp nurse at registration. 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 over-the-counter medications MUST be in the original container and accompanied by parental instructions. Please see camp nurse and obtain/fill out an "Administration of Medication" form.

Current Prescriptions Medications:

The following medications are administered when needed by the Camp Nurse. Please CHECK ANY MEDICATION THE CAMPER SHOULD NOT RECEIVE.

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Benadryl             | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Sudafed            |
| <input type="checkbox"/> Calamine/Caladryl    | <input type="checkbox"/> Immodium  | <input type="checkbox"/> Throat Lozenges    |
| <input type="checkbox"/> Chlortrimeton        | <input type="checkbox"/> Mylanta   | <input type="checkbox"/> Topical Anesthetic |
| <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Neosporin | <input type="checkbox"/> Tylenol            |
| <input type="checkbox"/> Other _____          |                                    |   |

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 Teen Camp/Retreat to hospitalize, secure proper treatment for, and/or order injection, anesthesia, or surgery for my child (named above).

To the extent allowed by law, I will indemnify and hold harmless Calvary Outreach Tabernacle in the Woods from and against any and all expenses, loss, claims, damages or liabilities, joint or several, due to injury or loss of property sustained by camper named above while in attendance at Calvary Outreach Teen Camp/Retreat.

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 Names will not be published, and camp photos will not at any time be used by any other organization/church.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_