

Belmont Church 2019 Health/Release Form

Last Name: _____ First: _____

Age: _____ D.O.B: _____ M/F: _____ Parents: _____

Address: _____

Phone #: Home: _____ Cell (Mom): _____ Cell (Dad): _____

Other # (work): _____

Medical Insurance: _____ Policy Holder: _____

Company: _____ Policy #: _____

Pediatrician/Family Physician: _____ Phone # _____

Emergency Contact Person: _____ Phone # _____

Another Contact Person: _____ Phone # _____

Relationship: _____

HEALTH HISTORY

♦ Is your child currently taking any prescription medication that will need to be administered at camp? YES / NO

Allergies: (food, medicines, bees, etc.) _____

List ALL current medications: _____

Times to be given: _____

Describe/list all health conditions; chronic illnesses, and health concerns: _____

NOTE: Please register only medications that are absolutely medically necessary inside a zip-lock bag, clearly labeled with name and detailed, written instructions, along with any necessary equipment such as nebulizers, etc. Because of campers' activity schedule, optional medications, (i.e. vitamins, supplements, herbals, etc.), should not be sent to camp.

Please share with us all necessary information that will benefit your child, such as: any chronic medical condition your child may have, seizure activity, and allergic reactions to poison oak, food, insect stings or any other substance. We also need to know if your child has any behaviors such as bed-wetting, sleepwalking, sleep talking, etc. Please know that this personal information will be treated with confidentiality.

OVER

This form must be signed & returned to Belmont Church

Medical Release and Damage Waiver

(Must be signed by a Parent or Legal Guardian for anyone under 18 years of age)

Child's Name _____

I understand that as my child attends Belmont Church-Roots Winter Retreat, there may arise occasions for medical treatment to be administered. I agree that a E.K.C. representative may administer First Aid to my child. In addition, in case of emergency, I give permission without reservation for said representatives to secure what seems to be reasonable and necessary medical treatment for my child.

I do release and hereby hold blameless Belmont Church and its employees/staff/volunteers from any and every claim arising out of participation in any activities associated with any camp function.

❖ I give permission for Belmont Church staff to administer Tylenol, Benadryl, or other over-the-counter medication as deemed necessary.

I acknowledge that I have read, understood and agree to the above terms. My consent and signature is given below.

Parent/Legal Guardian

Date