

Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's FULL name, dosage AND when administered, etc., and given to the Group Director on the morning your child leaves for camp.

**In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN & Minor

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as noted by me and/or my physician. I hereby give permission to the physician selected by the Camp Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization shall remain effective through the extent of the scheduled program, unless sooner revoked in writing and delivered to said agent. I further agree that Camp Directors, staff & volunteers are hereby relieved of all liability in the event of accident or injury to said Minor.

I give my permission for my child to attend the 2024 youth summer camp. I understand while my child participates, he or she is responsible to abide by the rules set forth by the church, its leaders and supervisory personnel. Any serious infraction of these rules and/or lack of cooperation with leadership by the child can result in dismissal from the program or event. If _____ is dismissed from the program or event, I agree

(Name of Minor)

to assume the cost of returning him/her home, and of any damages which may have been caused by my child.

X _____ Date _____
Parent/Guardian Signature (Relationship to camper)

X _____ Date _____
Minor's Signature:

() _____ - _____ () _____ - _____ () _____ - _____
Home Phone: Cell Phone Work Phone

Other Emergency Contacts:

Name: Phone: () _____ - _____

Name: Phone: () _____ - _____