



## Camper Medical, Authorization, and Release Form

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Cell Phone Number: \_\_\_\_\_ Guardian Work Number: \_\_\_\_\_

Second Guardian Name: \_\_\_\_\_

Second Guardian Cell: \_\_\_\_\_ Guardian Work Number: \_\_\_\_\_

Alternate address if two households: \_\_\_\_\_

**A. EMERGENCY CONTACT:** if neither guardian can be reached in an emergency, please notify:

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

**B. INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address or Phone Number for Claims: \_\_\_\_\_

**C. HEALTH HISTORY:** Does your camper have a history of any of the following - Please CIRCLE all that apply: (If yes, provide information below)

Hospitalization?	Y	N	Back or joint problems?	Y	N	Diabetes?	Y	N
Surgery?	Y	N	Seizures?	Y	N	Skin Issues/Problems?	Y	N
Repeating/Chronic Disease?	Y	N	Frequent Headaches?	Y	N	If female, have problems with periods or menstruation?	Y	N
Recent Injury?	Y	N	Had Chicken Pox?	Y	N	Had mononucleosis (also called mono)?	Y	N
Shortness of breath, wheezing or asthma?	Y	N	Allergic to Penicillin?	Y	N	Exposure to infections or communicable disease?	Y	N
Fainting or dizziness?	Y	N	Allergic to other drugs?	Y	N	Glasses, Contacts, or protective eyewear?	Y	N
Behavior or emotional concerns?	Y	N	Any other allergies (including food)?	Y	N	Traveled outside the US in the past year?	Y	N
ADD/ADHD	Y	N	Bringing Epi Pen?	Y	N			
Eating Disorders?	Y	N	Severe reaction to stings?	Y	N			

Please list any details related to "Yes" answers, plus special instructions and camp activity restrictions (for travel outside US, please list the names of the countries and the travel dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Any major event which affected camper in the last 12 months (death of family member/close friend, natural disaster, trauma/abuse, new sibling, other)? \_\_\_\_\_

\_\_\_\_\_

Please list all prescription medications taken by camper at any point during the 12 months prior to camp: \_\_\_\_\_

\_\_\_\_\_

List any medications to be taken by Camper during camp, including drug, dosage, method (oral, inhaler, injection, etc.) and frequency: \_\_\_\_\_

\_\_\_\_\_

#### **D. Participation Authorization**

I acknowledge that I have voluntarily enrolled my child in the Connect Camps day camp program ("Camp") facilitated by Connect Ministries, Inc. ("Connect") and local host churches and my child has my permission to take part in all Camp activities except as noted. I understand that my child's participation in Camp (For 6th-8th graders only) may include transportation to an offsite location, which transportation will be provided by the local host church in its provided vehicles.

#### **E. Medical Authorization**

The health history that I have provided about my child is correct to the best of my knowledge. I consent to the first aid treatment of my child, including without limitation, the administration of over-the-counter medications to my child by an on-site nurse provided by the local host church. In the event of an emergency situation, I consent to my child receiving emergency medical or surgical treatment and hospitalization as necessary and I understand that Connect and/or local host church staff will attempt to contact me prior to taking such action. In the event that I, or the alternative emergency contact person, cannot be reached, I authorize medical providers to disclose my child's protected health information and/or Confidential Health Information to Connect and/or local host church staff, as well as any physician or health care provider involved in providing medical care to my child. I understand and agree that my child's health insurance shall be the insurance coverage for any medical treatment and that I will be financially responsible for any medical attention required by my child. Prescription medication should be sent in its original container from the pharmacy labeled with my child's name and administration instructions and I hereby authorize the on-site nurse to administer such to my child. I understand that my child should not be sent to Camp if he or she has a temperature of 100 degrees or higher.

#### **F. Release of Liability; Indemnification**

In consideration of my child being allowed to participate in Camp, I acknowledge, understand, and agree that there are risks associated with my child's participation in Camp, and I, my child, and his or her other parent and/or legal guardian knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Connect, the local host church, and their respective boards, directors, officers, employees, agents, and any other person or entity acting by or through such entities or individuals (collectively, "Releasees") and assume full responsibility for my child's participation in Camp. Additionally, I, on my own behalf and on behalf of my child, my spouse and/or my child's other parents(s) and/or legal guardian(s), as well as the heirs, successors, personal representatives, and assigns of the same, hereby release, indemnify, and hold harmless Releasees from and against any and all injury, disability, death, or loss or damage to person or property regarding my child arising from his or her participation in Camp, whether arising from negligence or pursuant to any other legal theory, except for willful misconduct, to the fullest extent allowable under applicable law.

Guardian Signature: \_\_\_\_\_ Print Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FLORIDA RESIDENTS:** signature must be witnessed by a Notary Public

Sworn to and subscribe before me this day of \_\_\_\_\_ in \_\_\_\_\_, 20\_\_\_\_\_

State of Florida

County of \_\_\_\_\_

Notary Public \_\_\_\_\_



My commission Expires \_\_\_\_\_  
(Notarial Seal)