

# MEDICAL CARE AUTHORIZATION AND RELEASE FORM

## First Baptist Church of Patterson

Each person attending the camp **must** complete this form.

### PLEASE PRINT

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_.

Group Registering with \_\_\_\_\_ (Please include city)

**In Case of Emergency, please notify:** \_\_\_\_\_

**Day Phone ( )** \_\_\_\_\_ **Night Phone ( )** \_\_\_\_\_

### Medical Care Authorization Form

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a licensed physician in the event of illness or injury. \_\_\_\_\_ **(Initial here)**

### CAMPER'S FAMILY INSURANCE INFORMATION

Camper insurance begins where individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. Routine illness is **not** covered by **Camp Accident Insurance**. If you have no medical insurance, please write "None."

Name of Insured on Policy covering camper: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Plan/Policy No. \_\_\_\_\_

### CAMPER'S MEDICAL INFORMATION

Any known Allergies or drug reactions?

Date of last Tetanus Shot: \_\_\_\_\_

Permission to administer over-the-counter medications: **May your child be given:** (Answer Yes or No to each).

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Neosporin \_\_\_\_\_

Please list all medications brought to camp. Also include the times of administration.

Drug Name Times to administer

1. \_\_\_\_\_

2. \_\_\_\_\_

If more space needed, please check box and continue on lines below or back of form.

Are there any physical or medical conditions or restrictions? If so, please check box and explain on back of form.

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

**Release and Assumption of Risk**

I am aware that during mountain camping, hiking, camp activities in which my child/myself (if over 18) will participate, certain risks and dangers occur, including, but not limited to, the hazards of traveling in mountain terrain, the forces of nature and accidents and illness. In consideration of the right to participate in activities and services arranged for my child/myself (if over 18) by First Baptist Church of Patterson, I assume for my son/daughter/self all risk and hold First Baptist Church of Patterson and all persons associated, in any way with these entities, including agents, officers, employees, directors, successors, managers and members, harmless from any and all liability, action, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with his/her/my participation in the camp program. These terms shall serve as a complete release of said entities or persons and a complete assumption on my part of all risks and liabilities for my child/myself (if over 18). \_\_\_\_\_ **(Initial here)**

Photo Release: I give my permission for my/my child's photograph or likeness to be used in a camp video and promotional materials. \_\_\_\_\_ **(Initial here)**

\_\_\_\_\_  
Date: \_\_\_\_\_  
SIGNATURE of parent/legal guardian/applicant (if over age 18)

\_\_\_\_\_  
Date: \_\_\_\_\_  
WITNESS: Pastor or Church Official

**Signature of parent MUST be witnessed by a church official of church listed on first page.**