

Medical Information, Waiver of Liability, Indemnification, Medical Release & Publicity Release

All camp participants must complete this form. No camper will be allowed to stay without this form on file.

PARTICIPANT MEDICAL INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Phone: _____ Secondary Phone: _____
 Camper's Date of Birth _____

Medical History

Condition	NO	YES	Explain any YES
Swimmer's Ear			
Severe sunburn			
Convulsion/seizures			
Fainting spells			
Asthma			
Impetigo/boils			
Athlete's foot			
Other:			

Allergies	NO	YES	Explain any YES
Medications			
Plants (i.e. poison ivy)			
Insects			
Food (i.e. peanuts, milk, etc.)			
Other:			

List any medications recently taken or to be dispensed at camp:

Medication	Reason for taking	Dosing instructions

Significant injuries, illnesses, hospitalizations, surgeries or behavioral issues:

Is tetanus booster up to date?

YES NO

Date given: _____

EMERGENCY CONTACT INFORMATION

Parent(s) or Guardian(s)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____

Secondary Emergency Contact

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____
Address: _____
Name of Insured: _____
Policy #: _____ Phone # for Prior Authorization: _____

MEDICAL PROVIDER INFORMATION

Name of Doctor: _____
Address: _____
Phone # _____

WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

I / we (print names) _____
the undersigned participant or parent(s)/legal guardian(s) of the child participant name above, am/are aware of, recognize and acknowledge the risks involved in participating in camp activities and warrant or represent that my/our child is physically fit and capable of participating in these activities. On behalf of myself/child, I/we hereby: a) waive, release, and discharge the Lake Springfield Baptist Camp, its officers, agents, employees, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including my/our child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my/our child arising out of camp activities or activities preliminary or subsequent thereto; b) indemnify and hold harmless the Camp, its officers, agents, employees, and volunteers from and against any and all liabilities, damages, claims, demands, losses or causes of action made by other individuals or entities as a result of any of my/our child's involvement in or actions during camp; and c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by my/our child's negligence or otherwise.

In the event of accident, injury or illness involving me/our child, under any circumstances where I am physically unable to consent or am not present, I hereby voluntarily authorize and consent to furnishing me/our child such medical care, attention and treatment by any hospital, physician, or dentist as such hospital, physician or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I authorize the camp manager or persons identified by the camp manager to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care provider. **I/we accept responsibility for any medical bills incurred by me/our child.**

PHOTO/PUBLICITY RELEASE

I/we understand that my/our child may be photographed or filmed to be used in promotional and/or informational materials for the camping program. My/our child will not be identified by name in such materials.

I/we give permission for such use of my/our child's image. NO YES Initial _____

SIGNATURES

Participant (18 years or older) _____ Date: _____

If participant is under 18 years of age, both parents or legal guardians must sign.

Father/Legal Guardian _____ Date: _____

Mother/Legal Guardian _____ Date: _____