

VICTORY JAM CAMP MEDICAL RELEASE AND EMERGENCY PROCEDURES

Parents, please print, fill out & return to youth leader

Leaders, make two copies, bring both to camp

Name of Church _____

Counselor Name & Phone # _____

Child's Name _____

Child's DOB _____ Current Weight _____

Known Medical Conditions (For example, Asthma, Migraines, ADHD) _____

Known Allergies (Drug, Food or Environmental) _____

Will your child be taking any medications while at camp? If yes, please list medication:

Who will be in charge of the medication? Child Counselor Camp nurse

In the event my child becomes ill or injured, I authorize the camp nurse to render aid and/or administer over the counter medication, i.e., acetaminophen, ibuprofen, antibiotic ointment. In the event of an EMERGENCY, the counselor or camp nurse will call the parent/guardian at the contact number listed below. If no one can be reached, I hereby give my permission to the physician selected by the counselor or camp nurse to secure proper treatment for my child.

Parent Contact Information: _____

Medical Insurance Carrier and Policy #: _____

To the fullest extent permitted by law, I release Victory Jam Camp its trustees, officers, directors, employees, agents and representatives from injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Victory Jam Camp its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Signature of Parent/Guardian

Date