Kids Camp 2010 -Medical Release and Liability Form

Camper Name_____**Gender**_____ **Age** ____

Grade _____ Birthday____/____/____ **T-shirt size** (circle 1) ***Youth sizes*** XS S M L XL ***Adult sizes*** XS S M L

I (We) acknowledge that my child's participation in the activities of Kid's Camp 2010 is voluntary and may require involvement in traveling and physical exertion. **My child has permission to participate in all Kids camp activities, which may include but not limited to the following: cookouts, canoeing, swimming, hiking, soccer, volleyball, softball, football, ultimate Frisbee, Archery, horse back riding and camping. In consideration of the activity or event my minor child is participating in, I hereby represent and warrant that my minor child is fully, physically, and medically capable of partaking in same and that accidents, injuries, death and/or damages caused by other individuals may occur.** It is my consent on behalf of my minor child to acknowledge and assume such possibility and I/we hereby release and forever discharge Calvary Chapel St. Pete, and its affiliates (Pathways Community Church, North Side Baptist Church, Living Hope Community Church and Deer Haven retreat and conference center), including their officers, agents, employees, and representatives, from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes of action that may arise from the event or activity.

I (We), the parent(s) or legal guardian, do hereby authorize any one or more members of Calvary Chapel St. Pete, in whose care the minor has been entrusted, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical, surgical, or dental diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician, physician's assistant, licensed practical nurse, EMT or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital or out patient clinic, whether or not such diagnosis or treatment is rendered at the office of said physician or medical staff or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered, including emergency medical transportation, to the aforementioned child pursuant to this authorization.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital or physician which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until December 31, 2010.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization. A duly executed copy of this form shall have the same force and effect as the original.

Parent(s)/Legal Guardian Signature_____Date_____

Identification Type _____ # _____

STATE OF FLORIDA
COUNTY OF PINELLAS

BE IT KNOWN, that on the _____day of _____, _____, before me, the undersigned notary in and for the State of Florida, duly commissioned and sworn, dwelling in the county of Pinellas, personally came and appeared _____, to me ( ) personally known or ( ) who produced valid identification, and being the same person described in and who executed and acknowledged the within medical authorization and release to be his/her act and deed.

Notary Signature Notary Stamp:

OR

Signature of CCSTPETE Staff Title Date

Revised January 2009

Kids Camp 2010 - Health Information Form

Please Print in Ink

Camper Name_____**Gender**_____ **Age** ____

Cabin Mate Preferences (up to 3 requests; must be in same age/gender group).We will try to accommodate a request to be placed with at least one of the requested cabin mates; however, we cannot guarantee it. We ask that you prepare your child to make new friends and then leave it in God's hands. _____

_____

Parent/ Guardian(please print)_____

Phone (H) _____**Phone (W)** _____**Phone(C)** _____

Address_____**City**_____**State**____**Zip**_____

Email (for confirmation & communication purposes)_____

Second Parent/or Alternate Emergency Contact_____

Phone (H) _____**Phone(W)**_____**Phone(C)**_____

Medical Insurance Carrier _____

Policy #_____ Group #_____

Carrier Address_____

Name of insured person _____

Insured person's place of employment_____

Name of Family Physician _____ Phone _____

Name of Dentist/Orthodontist_____Phone _____

Health History (Check/Give Approximate Dates) & Allergies (Dates Not Needed)

____Frequent Ear Infections ____Diabetes ____ Hypoglycemic ____Bleeding Disorders ____Hay Fever _____Penicillin
____Heart Defect/Disease ____Asthma ____Mononucleosis ____Seizures ____ADD/ADHD ____Downs Syndrome
____Tourette's Syndrome ____Mumps ____Chicken Pox ___Measles ____Other (specify)_____
___Drug or Food allergies (specify)_____
Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) *Please explain briefly.*

Dietary Restrictions (medical and non-medical) _____

Current Medications (list all prescriptions, OTC and herbal)
Attach Separately Medication name / Dosage / Reason for Taking
Blood Type (if known)_____ All immunizations current? Yes____ No _____ Date Last Tetanus_____

Describe your student's swimming ability: Non Swimmer _____ Beg_____ Inter_____ Advanced _____

Initial_____ **I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl, Diphenhydramine or over the counter antacids, as needed.**

Initial_____ **My child may sleep on a top bunk.**

For your information, these are the rules of conduct expected from each student:
Respect one another, staff and adult leaders No alcohol, dugs, tobacco permitted No lighter permitted No fighting, weapons, fireworks, explosives No students permitted to drive for events Respect property No offensive or immodest clothing No boys in girls' sleeping quarters, visa versa Participation is expected

Parent(s)/Guardian Signature_____**Date**_____

Student's Signature_____**Date**_____

Revised January 2009