

2010 NORTH FLORIDA BIBLE CAMP MEDICAL AND LIABILITY RELEASE

- Release must be completed by parent/legal guardian and signature notarized with notary stamp or seal.
- Please complete all health information on next page.

CAMPER'S LAST NAME _____ FIRST NAME _____ MI _____
 DOB: MONTH ____ DAY ____ YEAR _____ AGE: ____ GENDER: MALE FEMALE
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ CONTACT EMAIL _____
 EMERGENCY CONTACT _____ RELATIONSHIP TO CAMPER _____
 HOME PHONE: (_____) _____ CELL PHONE (_____) _____
 HEALTH INSURANCE COMPANY _____ POLICY NUMBER _____

✓ **Authorization For Emergency Care**

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Please notify me immediately of any such emergency.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ **DATE** _____

✓ **Authorization for Administration of Prescription Medications**

My permission is hereby granted to North Florida Bible Camp for its delegated medical personnel to administer regularly prescribed prescription medications to (campers name) _____ for treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ **DATE** _____

In consideration for being accepted by the North Florida Bible Camp and its Board of Directors for participation of the 2010 Summer Bible Camp, we (I) being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant], do hereby release, forever discharge and agree to hold harmless the North Florida Bible Camp and its Board of Directors and the directors and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-mentioned summer camp.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said North Florida Bible Camp to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said North Florida Bible Camp, NFBC Board of Directors, directors and agents, for any liability sustained by North Florida Bible Camp, NFBC Board of Directors, their directors and agents as the result of the negligent, willful or intentional act (s) of said participant, including expenses incurred attendant thereto.

We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him/her to participate fully in activities of said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ **DATE** _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day _____, 2010 by _____

Who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary _____ **Date** _____

Expiration Date _____ **Affix Notary Seal or Stamp**

CAMPER HEALTH INFORMATION

CAMPER'S LAST NAME _____ FIRST NAME _____ MI _____

DOB: MONTH _____ DAY _____ YEAR _____ AGE: _____ GENDER: MALE FEMALE

DATE OF LAST TETANUS SHOT/BOOSTER _____ (SHOULD BE WITHIN PAST TEN YEARS)

ARE ALL OTHER IMMUNIZATIONS CURRENT? YES NO COMMENTS _____

✓ **Medical History – Health Problems**

Please check ALL that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Orthodontics/braces |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear infections/swimmers ear | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Sinus disorder (explain) |
| <input type="checkbox"/> Attention or learning difficulties | <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Blood pressure disorder (explain) | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Throat conditions |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Thyroid disorder (explain) |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Menstrual disorder (explain) | <input type="checkbox"/> Urinary disorder (explain) |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mitral valve problem | <input type="checkbox"/> Wear contact lenses/glasses |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscle pain | |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nightmares/night terrors | |

Explanations or Additional Information _____

✓ **Physical Restrictions** _____

✓ **Medications**

Please list all medications (prescription and over-the-counter) your child takes on a regular basis and reason for the medication.

Please bring medication in original containers or packages – do not bring pill cases or unlabeled containers.

✓ **Allergies**

Please list all allergies (medications, foods, insect sting/bites, environmental) and type of reaction your child may experience. Also

please include treatment needed. _____

Special information we need to know about his camper _____