

# NORTHERN MICHIGAN DISTRICT CHURCH OF THE NAZARENE PARTICIPANT MEDICAL RELEASE FORM



Event Name Teen Camp 2010 Effective dates: 7-19-10 to 7-23-10

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender:  Female  Male

Mother's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Medical Information**

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Please list any medications and the dosages this child is taking: \_\_\_\_\_

*(For the safety of all campers, any medication brought to camp must be in the original container and must be given to the camp nurse at the time the student checks in to camp. The nurse will dispense all medications per the prescription and/or parental instructions.)*

For your child's safety and our knowledge, is your student a:  good swimmer  fair swimmer  non-swimmer

Does your child have allergies to:  pollens  medications  food  insect bites

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  physical handicap  
 asthma  epilepsy/seizure disorder  heart trouble  frequently upset stomach  diabetes

Date of last tetanus shot: \_\_\_\_\_

Does your child wear:  glasses  contact lenses

Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_

If necessary, on the back of this form describe in detail the nature and severity of any physical or psychological ailment, illness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action or protection is required on account thereof.

## **Consent for Medical Treatment**

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to participate in events being organized by the Camp. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Teen Camp Director.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_