

**PARK CITIES BAPTIST CHURCH - STUDENT MINISTRY**  
**Medical Authorization and Information Form 2019**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Person: (Name and number) \_\_\_\_\_

**ALLERGIES: Check those that apply.**

- Allergies to medications: (prescription and over the counter) \_\_\_\_\_
- Allergies to peanuts or other foods. Explain: \_\_\_\_\_
- Other allergies not listed above: \_\_\_\_\_

**MEDICATIONS: Bring enough medication for the entire time of the event. Prescription Medications MUST be in Pharmacy labeled containers.**

- This child does not take any medications on a regular basis
- This child does take routine medications. **\*\*Complete the Detailed Thee Camp 2019 Medication Sheet\*\***

**CHRONIC CONCERNS: Check all categories that apply to your child and provide information for supportive care.**

- Anorexia, Bulimia, Eating disorders: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Asthma: (Parent is responsible for providing inhaler, even if only occasional use) \_\_\_\_\_
- Blackouts / Fainting / Neurological / Heart disorders: \_\_\_\_\_
- Epilepsy/ Seizures: \_\_\_\_\_

**OTHER MEDICAL INFORMATION:**

Date of Last Tetanus shot? (Month/Year) \_\_\_\_\_

Surgical history: (Procedure and date): \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the space below, please provide any additional important medical or other information concerning your child which may help our staff minister to him or her more effectively.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:**

Is your child covered by medical insurance? \_\_\_\_\_ If yes, which insurance company? \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Thee Camp 2019  
Release Form  
PCBC Student Ministry**

CANCELLATION POLICY/REFUNDS: A refund minus the \$100 non-refundable deposit will be assessed for cancellations ten or more days prior to the start of camp. After that time, no refunds will be made.

**AUTHORIZATION AND RELEASE OF LIABILITY**

I, as parent or guardian of the camp participant, authorize the participation of my child in this Summer Camp offered by Park Cities Baptist Church (sometimes referred to herein as "the Church"). I understand and agree that my child's participation in athletic and other activities of the camp necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of counselors. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the camp, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Park Cities Baptist Church and/or its representatives/vendors including staff, employees, trustees, officers and volunteers of Park Cities Baptist Church and its representatives/vendors as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the camp, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in camp activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child, and therefore have legal authority to release such liability, and Park Cities Baptist Church relies on my representation that I have such legal authority.

If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's picture in team/group photos and/or publicity materials for future Park Cities Baptist Church camps/programs.

**MEDICAL CONDITIONS**

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is, to the best of my knowledge, healthy and able to participate in camp activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in camp activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

**CONSENT TO MEDICAL TREATMENT**

In the event my child is injured or becomes ill in camp activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, employees, and volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). I hereby consent that if the Church in good faith believes emergency medical and dental care and treatment is necessary, it may arrange for and consent to treatment on my child's behalf. I also consent for my child to be transported for medical treatment in a vehicle driven by a Church employee, staff member or volunteer if he or she is an adult.

By signing below I am confirming that all information provided on this form is true and accurate, and that I fully agree to all statements made on this form.

\_\_\_\_\_  
Printed Name of Student Participant

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian