

MEDICAL RELEASE FORM/PERMISSION TO TREAT

FOR CHURCH USE ONLY

PERSONAL INFORMATION

Name: _____

SS# (Optional): _____ Birthdate: _____ / _____ / _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Secondary Contact: _____ Relationship: _____

Mobile Phone: (_____) _____ Work Phone: (_____) _____

INSURANCE INFORMATION

ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____) _____

PERSONAL MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone: (_____) _____

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List all medications taken on a regular basis and/or any brought with you to Camp (prescription medications MUST have a pharmacy label and name of doctor): _____

List all operations/serious injuries and dates within the past 5 years: _____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

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EMERGENCY AUTHORIZATION

I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: _____ Date: _____



Name (of person attending): _____

Address, City, Zip: _____

Phone: _____

Email: _____

I/We (parent or guardian): _____ hereby consent for my child (named above) to participate in **2018 FUGE Camp, Glorietta, NM** , and I certify that my child is able to participate in the activities required of this event.

If my child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them below. In the event of an emergency occurs, I may be reached at the phone number listed below. If I cannot be reached, I hereby authorize Glen Meadows Adult Leader or Pastor to make emergency decisions for my child.

(Parent Signature) _____

I understand and hereby agree to assume all of the risks, which may be encountered on this activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Glen Meadows, and its leaders and employees, harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which may arise in the future, connected with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

(Parent Signature) _____

I, furthermore, do not hold Glen Meadows, Restore Youth Ministry, or any leaders responsible for the loss of any personal property via theft, accidental loss, damage, left behind, destroyed, from any youth service, trip, event, or group hang out. And do not expect any loss replacement or money to replace any items that were lost, stolen, or destroyed from any event, service, trip or group hosted by Restore Youth Ministry.

(Parent Signature) _____

I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Guardian: _____

Date: _____

Telephone number where I may be reached in an emergency: _____

Medical conditions to be aware of:

Allergies to be aware of:

Medicine if any that they will be bringing to camp:

Food Allergies: _____

Disciplinary Agreement

I/We understand that, while my child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the youth may result in dismissal from the program. In the event my child is dismissed from the program, I/We (parents) agree to assume the cost of returning my child to his/her home. I/We also agree to forfeit any possible refund. I/We understand that such action would only be taken under special circumstances and only after direct consultation with my child's pastor and parents or guardians.

Parent or Guardian: _____ Date: _____

Notary Signature: _____ Date: _____

Seal:

Falls Creek 2019 Student Release and Waiver of Claims Form (1 of 2)

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Host Church: _____ Cabin: _____

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Student E-mail: _____ Grade This Fall: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named child has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (_____) _____

7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent: _____

Please continue to the back or adjoining page. All forms MUST be fully completed.

MYSTERY
FALLS CREEK 2019

Parents:

Your child is required to abide by the Falls Creek dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, the student's signature is required on the second page of this form.

Student Name: _____

Age by end of camp week: _____

Church: _____

Falls Creek 2019 Student Release and Waiver of Claims Form (2 of 2)

I understand that it is the responsibility of my child’s Host Church to obtain insurance permission for treatment or to limit my child’s recreational activities because of a stated medical condition.

My child, _____ will be attending Falls Creek during the summer session, 2019. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma (“BGCO”). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

• If such emergency care is provided, I understand that my child’s health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

• There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

• I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child’s participation in or observation of such recreational activity.

• Furthermore, in consideration of my child being allowed to attend Falls Creek camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child’s participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

• I understand that my child’s image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child’s image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child’s belongings while at Falls Creek.

• I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

• I have received and read the Parent Information about Falls Creek including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Code of Conduct and Dress Code, and I have discussed the Code of Conduct and dress code with my child.

Parent Signature: _____ Relationship to child: _____ Date: _____
All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

I have read and agree to the Falls Creek Code of Conduct and Dress Code and will abide by them.

Student Signature: _____ Date: _____

OBU & BGCO Information Form - The following portion of this document is to be removed from the above by Falls Creek and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

<div>Student’s First Name</div>	<div>Student’s Last Name</div>	<div>MALE FEMALE</div>	<div>Grade Just Completed</div>
<div>Mailing Address</div>		<div>Date of Birth (mm/dd/yy)</div>	
<div>City</div>		<div>State</div>	<div>Zip code</div>
<div>Phone Number (including area code)</div>	<div>Student’s Email Address</div>		