

CAMPER RELEASE & MEDICAL FORM

CAMPER NAME: _____

MALE

FEMALE

CHURCH/GROUP NAME: _____

IF NOT PART OF A GROUP, YOUR CHILD WILL BE ASSIGNED TO A CABIN STAFFED BY ADULT SPONSORS WHO ARE HIRED AND CLEARED BY TBA.

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ SSN: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

HEALTH & WELLNESS

Does the camper have any **medication or food allergies** or unable to take any types of medication? (If the camper requires a special meal plan for allergy reasons, please explain.) YES NO

Does the camper currently take any **medications**? YES NO

If yes, please explain. _____

Please list any other **medical conditions** that our staff should be aware of (including, but not limited to, heart problems, diabetes, orthopedic issues, epilepsy, asthma). _____

Is the camper current on all **immunizations**? YES NO If no, please explain. _____

Has the camper had a **tetanus immunization** in the past six years? YES NO If so, please list date: _____

May you child be given **acetaminophen (Tylenol), ibuprofen, or aspirin** by cabin sponsors or camp staff? YES NO

INSURANCE COVERAGE

Does your camper have health insurance coverage?

YES NO

PROVIDER: _____

ID NUMBER: _____

GROUP NUMBER: _____

Please attach a copy of ID card.

NAME ON POLICY: _____

ACTIVITY RELEASE

My child has permission to participate in the following activities:

☐ ZIPLINE ☐ AIR RIFLES ☐ ARCHERY
☐ CANOEING ☐ FISHING ☐ SWIMMING
☐ SKEET SHOOTING ☐ WATER RECREATION (includes games and water slides)

Canoeing, Swimming, and Water Recreation do not apply at Winter Camp.

CAMPER RELEASE AND INDEMNITY

My child, _____, will be participating in a camp program at Tenkiller Baptist Assembly (TBA). In the event that my child should need emergency medical care or attention, Tenkiller Baptist Assembly, or one of its employees, volunteer staff, or cabin sponsors 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 recommended or suggested by a doctor, surgeon, nurse, or other health care professional.

If such emergency care is provided to my child, 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 child's insurance shall be my responsibility. I understand that neither TBA, ECBA, nor any participating church will be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

Furthermore, I hereby agree that Tenkiller Baptist Assembly and its employees, representatives, officers, and trustees, as well as the employees, representatives, officers, and trustees of the East Central Baptist Association, shall not be held responsible for any injury to the property or person of my child while participating in an ECBA and/or TBA camp. I agree to hold Tenkiller Baptist Assembly and its employees, representatives, officers, and trustees, as well as the employees, representatives, officers, and trustees of the East Central Baptist Association, harmless and indemnified from any claim or loss arising out of injury to person or property during my child's stay at Tenkiller Baptist Assembly.

I understand that both video and still pictures will be recorded through the week of camp. I consent to the release and publication of any pictures and/or videos in which my child may be included for use in recap/highlight videos during the camp, ECBA or TBA websites, or other public relations or promotional use by ECBA, TBA, and/or participating churches.

PARENT/GUARDIAN NAME (PRINTED): _____

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP TO CHILD/CAMPER: _____

DATE: _____

OTHER PEOPLE ALLOWED TO SIGN CAMPER OUT OF CAMP (INCLUDE RELATIONSHIP AND CONTACT INFO)

