

Youth Camp



7325 S. State Hwy. 34 • Scurry, TX 75158
Victory Church • 469-478-3751 • info@victory-church.net
Candice Lederman • 903-802-3417 • candice@victory-church.net

Participant's Name: _____ Date of Event: _____

Date of Birth: _____ Age: _____ Sex: (M/F) _____

Street Address: _____ City: _____ Zip: _____

Parent/Legal Guardian: _____ Relationship: _____

Parent/Legal Guardian Phone: Cell: _____ Work: _____

Parent/Legal Guardian Email: _____

Emergency Contact Information Other Than Parent/Legal Guardian:

Name: _____ Cell: _____ Relationship: _____

PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with activities, as well as the inherent risks of being on or off church property. Notwithstanding, I hereby give my child permission to participate in all activities. Further, in consideration for Victory Church agreeing to accept the above-named child as a participant, I hereby personally assume all risks about my child's attendance and participation in the activities or special events at/with Victory Church.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

If my child is injured on camp property or during any church sponsored activities both on or off-site, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred about medical and/or dental services rendered to my child in response to said injury.

3. LIMITATION ON INSURANCE COVERAGE

I understand that my family/personal health and accidental insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Victory Church, it's trustees, employees, volunteers, and representatives for any injury, harm or other damage by any occurrence about my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Victory Church, its trustees, employees, volunteers, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities hosted by Victory Church.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgement of the treating physician, who is chosen by the Pastor or any employee working under him/her, as circumstances require. I further authorize to render first aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

6. NON-PRESCRIPTION MEDICATIONS

I give my permission to the church's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or Ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; Cortisone cream, for bug bites; Calamine, for poison ivy; and so on.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp or bus property caused by my child, including any acts of graffiti.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above-named participant agrees to obey and observe all rules, and to fully cooperate with the adult leadership, staff, and other participants. I agree that if in the judgement of the adult leadership and/or staff, my child becomes a discipline problem, my child may be sent home, at my expense.

9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Victory Church.

I acknowledge that I am the parent or authorized guardian of the above-named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

PARENT/GUARDIAN SIGNATURE

DATE

INSURANCE INFORMATION (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: _____ Member ID: _____

Health Insurance Provider: _____ Group ID: _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

GENERAL HEALTH INFORMATION (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or recurring illnesses or diseases: _____

List any food, medicine, or other significant allergies: _____

List any pre-existing injuries which occurred **BEFORE** attending activity: _____

Date of last tetanus shot: _____

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All Prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Victory Church.
3. All medications must be stored and dispensed from the event nurse (except EpiPens or emergency inhalers). Participants are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-Prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the participant. (Please send an extra one to be kept with the event nurse.) Event nurse personnel must be notified immediately when a participant uses an EpiPen. If Asthma symptoms are not completely relieved the participant must be brought to the event nurse for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under General Health Information.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the medication Dosage and Frequency Chart.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, gallon sized zip-lock bag with the participant's name written with a permanent black marker on the outside of the bag.

Child's Name: _____ Age: _____

MEDICATION DOSAGE & FREQUENCY CHART

Place all medications and a copy of this page in a heavy-duty, gallon sized zip-lock bag. Print the camper's name on the outside of the zip-lock bag using a permanent black marker. If necessary, make additional copies of the Dosage and Frequency Chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please email this completed form to Jessica.broome@victory-church.net