

CampZ Medical Release Form

I/We authorize The Church at Bradenton, First Church of God representative, as temporary guardian to obtain any medical care necessary in the emergency room for _____ who is my son/daughter.
I/we grant permission for the Emergency Room Doctor or designated person to care for this child.

Child's name: _____ DOB: _____

Address: _____ City: _____

State: _____ zip: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Address(if different): _____ Address(if different): _____

Home phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____

Child's Physician _____ Phone: _____

Address: _____

Medication taken: _____

Instructions for administration of medication: _____

Last Tetanus: _____ Allergies: _____

Special physical Needs: _____

Known Illnesses: _____

Check YES or NO for permission to give your child the following non-prescription medications under the supervision of our camp nurse.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Caladryl (for skin rashes or insect bites)	<input type="checkbox"/>	<input type="checkbox"/>	Children's Advil (Ibuprofen)
<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismol (for upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	Children's Sudafed
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone (for skin rashes or insect bites)			
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (Children's Tylenol Generic)			

Please check any of the following conditions

<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> ALLERGY TO BEE STINGS	<input type="checkbox"/> ASTHMA
<input type="checkbox"/> SINUS	<input type="checkbox"/> VOMITING	<input type="checkbox"/> POISON IVY/ OAK	<input type="checkbox"/> HAY FEVER
<input type="checkbox"/> BACKACHES	<input type="checkbox"/> RESPIRATORY PROBLEMS TROUBLE	<input type="checkbox"/> HEART TROUBLE OR MURMUR	
<input type="checkbox"/> EPILEPSY OR CONVULSIVE DISORDER	<input type="checkbox"/> BOWEL OR BLADDER PROBLEMS		

ANY FOOD ALLERGIES? YES NO

Explain: _____

PARENTAL AUTHORIZATION

I VOLUNTARILY CONSENT TO SAID MINOR'S PARTICIPATION IN ALL ACTIVITES AND FIELD TRIPS AT **CAMP Z**. I AUTHORIZED TRANSPORATION OF SAID MINOR CHILD BY FIRST CHURCH OF GOD FOR ALL FIELD TRIPS. AND I HEREBY ASSUME ALL RISKS OF LOSS AND INJURY THAT MAY BE INCURRED, DIRECTLY OR INDIRECTLY AS A RESULT OF SAID MINOR'S PARTICIPATION IN ALL ACTIVITIES AT CAMP Z. I ALSO AUTHORIZE CAMP Z TO ARRANGE FOR PROFESSIONAL CARE AND TREATMENT IN THE EVENT OF A MEDICAL EMERGENCY AFTER CONTACTING PARENT/GUARDIAN.

SIGNATURE _____ DATE _____
Parent or Legal Guardian

_____ I have received Camp Z Handbook
(Initial here) and agree to all of the policies and
rules.

Manatee County, State of Florida

On this _____ day of _____, 2010, _____
(Parent or Legal Guardian's Name)

Personally appeared, who is personally known to me or produce _____.
(ID)

My Commission expires: _____

Notary Signature

Notary Name

MINOR MODEL RELEASE (THE MINOR MODEL RELEASE DOES NOT NEED TO BE NOTARIZED)

DATE: _____

I HEREBY GRANT THE CHURCH AT BRADENTON, FIRST CHURCH OF GOD, THE IRREVOCABLE AND UNRESTRICTED RIGHT TO USE AND PUBLISH PHOTOS OF MY MINOR CHILD _____, OR IN WHICH MY CHILD MAY BE INCLUDED, FOR PUBLICATIONS, ELECTRONIC REPRODUCTIONS, AND/OR PROMOTIONAL MATERIALS OR ANY OTHER PURPOSE AND IN ANY MANNER OR MEDIUM.

I HEREBY RELEASE THE CHURCH AT BRADENTON, FIRST CHURCH OF GOD AND ITS REPRESENTATIVES FROM ALL CLAIMS AND LIABILITY RELATING TO SAID PHOTOGRAPHS.

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PARENT'S SIGNATURE: _____