

**2020 NORTH FLORIDA BIBLE CAMP MEDICAL AND LIABILITY RELEASE**

- The release must be completed by a parent/legal guardian and signature notarized with a notary stamp or seal.
- Please complete all health information on the next page.
- PRINT CLEARLY ALL INFORMATION.

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DOB: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_\_ AGE: \_\_\_\_ GENDER:  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

▪ EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

▪ EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

✓ **Authorization For Emergency Care**

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Please notify me immediately of any such emergency.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

✓ **Authorization for Administration of Prescription Medications**

My permission is hereby granted to North Florida Bible Camp for its delegated medical personnel to administer regularly prescribed prescription medications to (camper's name) \_\_\_\_\_ for treatment.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

In consideration for being accepted by the North Florida Bible Camp and its Board of Directors for participation of the 2020 Summer Bible Camp, we (I) being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant], do hereby release, forever discharge and agree to hold harmless the North Florida Bible Camp and its Board of Directors and the directors and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-mentioned summer camp.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission are hereby given to said North Florida Bible Camp to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said North Florida Bible Camp, NFBC Board of Directors, directors, and agents, for any liability sustained by North Florida Bible Camp, NFBC Board of Directors, their directors and agents as the result of the negligent, willful or intentional act (s) of said participant, including expenses incurred attendant thereto.

We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him/her to participate fully in activities of said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_, 2020 by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

**Signature of Notary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Affix Notary Seal or Stamp**

## CAMPER HEALTH INFORMATION

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DOB: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_\_ AGE: \_\_\_\_ GENDER:  MALE  FEMALE

▪ EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

▪ EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

DATE OF LAST TETANUS SHOT/BOOSTER \_\_\_\_\_ (SHOULD BE WITHIN PAST TEN YEARS)

ARE ALL OTHER IMMUNIZATIONS CURRENT? YES NO COMMENTS \_\_\_\_\_

✓ **Medical History – Health Problems**

*Please check ALL that apply:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anxiety/Depression                 | <input type="checkbox"/> Dizziness                    | <input type="checkbox"/> Muscle pain                        |
| <input type="checkbox"/> Asthma                             | <input type="checkbox"/> Ear infections/swimmers ear  | <input type="checkbox"/> Nightmares/night terrors           |
| <input type="checkbox"/> Attention or learning difficulties | <input type="checkbox"/> Fainting spells              | <input type="checkbox"/> Seizures                           |
| <input type="checkbox"/> Bedwetting                         | <input type="checkbox"/> Gastrointestinal problems    | <input type="checkbox"/> Skin rash                          |
| <input type="checkbox"/> Blood pressure disorder (explain)  | <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Thyroid disorder (explain)         |
| <input type="checkbox"/> Bone fractures                     | <input type="checkbox"/> Hearing impairment/aid       | <input type="checkbox"/> Urinary disorder (explain)         |
| <input type="checkbox"/> Cardiac Problem                    | <input type="checkbox"/> Hypoglycemia                 | <input type="checkbox"/> Visual impairment/glasses/contacts |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Menstrual disorder (explain) | <input type="checkbox"/> OTHER:                             |

*Explanations or Additional Information* \_\_\_\_\_

✓ **Physical Restrictions** \_\_\_\_\_

✓ **Medications**

Please list all medications (prescription and over-the-counter) your child takes on a regular basis and reason for the medication. Please bring medication in original containers or packages – do not bring pill cases or unlabeled containers.

✓ **Allergies**

Please list all allergies (medications, foods, insect sting/bites, environmental) and type of reaction your child may experience. Also please include treatment needed. \_\_\_\_\_

✓ **Dietary Restrictions**

Please list any dietary restrictions. We cannot guarantee we can accommodate request but will try to the best of our abilities to facilitate the specific needs of your camper. \_\_\_\_\_

**Special information we need to know about his camper** \_\_\_\_\_

## NFBC Guidelines for Medications Brought to Camp

Knowledge is paramount while caring for your children at North Florida Bible Camp. The safety of your campers, as well as other campers, is our priority. Please review and adhere to the following when bringing medications for your camper.

1. **ALL OVER-THE-COUNTER MEDICATIONS AND PRESCRIPTION MEDICATIONS SHOULD BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER OR PACKAGING, WITH LEGIBLE LABELS.**
2. All medications will be administered as directed by the manufacturer label or prescription.
3. A prescription will be required for the administration of Over-the-Counter medications which differs from the manufacturer's label.
4. Medications with altered labels will not be administered.
5. Prescription medications will ONLY be administered to the camper prescribed.
6. Any medication brought to camp should be unexpired. Expired medications will not be given.
7. Multiple / Various medications should not be consolidated into one container.
8. These guidelines apply to prescribed and Over-the-Counter medications, including vitamins, supplements, liquids, tablets, lozenges, sprays, inhalers, creams, ointments, injections, etc. Over-the-Counter means medications which can be purchased without a prescription.
9. Emergent medications, such as Epi-pens and Rescue inhalers, will be left with the camper, but they MUST be checked in with Camp nurse AND cabin counselor at registration on Monday. This is for the safety of your child and his/her co-campers.

Regarding Emergency Contacts on the Camper Health Information sheet, please enter the person/s you want to be called first and second, in the event of a medical emergency with your child. If that is you, as the parent or guardian, put your name and a working phone number you will answer. If that is a grandparent or other person of your choosing, put their name and number. Please verify with anyone you designate, to be sure they are willing to be responsible for your camper. If you plan to be out of town, out of the state, out of the country, please designate someone in the contiguous United States who is willing to be responsible for your camper. *(Just checking to see if y'all are paying attention there☺)*

I HAVE READ AND UNDERSTAND THE MEDICAL REQUIREMENTS FOR NORTH FLORIDA BIBLE CAMP

\_\_\_\_\_  
*Signature of Parent or Legal Guardian (notary is not required on this page)*

If you have questions, please feel free to email Kent Heaton ([heatonkent@bellsouth.net](mailto:heatonkent@bellsouth.net)) or Mary Ellen Welch ([mewelch14@gmail.com](mailto:mewelch14@gmail.com))

**ORIGINAL COPIES WILL ONLY BE ACCEPTED. THIS MEDICAL FORM WILL BE USED IN THE CASE OF EMERGENCY AND THE MEDICAL FACILITIES REQUIRE THE**

**ORIGINAL COPY ONLY. THIS WILL EXPEDITE CARE FOR YOUR CHILD IN CASE OF AN EMERGENCY.**

**IF YOU HAVE ANY QUESTIONS ABOUT THE MEDICAL WELFARE OF YOUR CHILD OR CHILDREN, PLEASE TALK WITH THE MARY ELLEN WELCH - CAMP NURSE**

**ON MONDAY OF CHECK-IN. SHE WILL BE AVAILABLE FOR YOUR QUESTIONS.**

**MAIL FORMS TO**

**16140 SNOW MEMORIAL HWY, BROOKSVILLE, FL 34601**