

2021 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 in the 2021 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 the undersigned may incur 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 _____, 2021 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 regularly and the 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 the 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. 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).

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 YOUR CHILD OR CHILDREN'S MEDICAL WELFARE, PLEASE TALK WITH DR. GRACE DUNN ON MONDAY OF CHECK-IN.

SHE WILL BE AVAILABLE FOR YOUR QUESTIONS.

MAIL FORMS TO

10361 MAGILLIGAN DRIVE, BROOKSVILLE, FL 34601


COVID-19 MITIGATIONS FOR NORTH FLORIDA BIBLE CAMP 2021

For over a year, the world has been rocked by the pandemic known as COVID – 19. It has changed the face of the world and changed our culture. Sadly, because of concern last year, we could not have North Florida Bible Camp 2020. We are diligently working this year to make camp a reality.

Florida Bible Camp (the camp we rent for the summer) has agreed to give us the week of July 25-31 for camp. Preparations are being made to put the camp together, but this will require a complete understanding of specific mitigations that must be in place. It is necessary to clarify our position on having camp this year with the following guidelines:

1. There will be **no mandatory requirements** for staff and campers to wear masks. It is impossible to conduct camp safely with masks in place.
2. There will be **no mandatory social distancing** at camp. It is impossible to create an atmosphere of distancing in the environment of the camp.
3. Each year, we emphasize proper hygiene and encourage campers and staff to use sanitizers to control the spread of viruses. We have done this for many years.
4. We are looking into thermal scanning options, but again, the effectiveness of this will only determine if a camper or staff has an elevated temperature and nothing else. If a camper or staff member develops a fever, protocols will be in place to segregate as quickly as possible with no guarantees of the symptoms of fever spreading to others.
5. The Board plans to conduct camp July 25-31 with the reservation that there will be a date of "no return." We reserve the possibility of canceling during the date of no return if conditions warrant. This will be a real-time call. We are working hard to make camp happen, but there is still uncertainty about the next five months.
 - ✓ Once the date of "no return" occurs, plans will move ahead with the camp for July 25-31.
 - ✓ It is possible something can happen in the days leading up to camp that warrant the camp closing.
 - ✓ All of this information is to make you aware that while we will do everything to make camp happen, events may occur out of our control, requiring camp cancellation.
6. **The Board asks if any camper or family members are suffering from the virus within THREE WEEKS of camp to notify North Florida Bible Camp immediately, and fees will be refunded.**
7. Admission will require an updated medical form that will require SIGNED acceptance of the protocols concerning the COVID virus.
8. As always, if you have any questions or concerns, please do not hesitate to write or call. We are working hard to make North Florida Bible Camp 2021 a great year, and we cannot do that without you.

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


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