

Medical Release & Consent

Camper Name _____

Medical Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Name of Family Physician _____ Ph _____

Please state any restrictions, physical impairments and necessary limitations of activities: _____

Date of last Tetanus booster: _____ Known Allergies: _____

Past pertinent medical history (i.e. diabetes, asthma, heart problems, seizures, etc.):

Medically Required Dietary Restrictions: _____

Medication Policy: All prescription medications **MUST** be in original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. **All prescription medications must be turned in to Camp Director at time of arrival.**

Current Prescription Medications: _____

Signature of Parent/Guardian _____
Date _____

Waiver & Indemnification

I authorize the camp nurse to administer first aid as required for illness or injury. In case of an emergency I understand that every effort will be made to contact me; however, if I cannot be reached, I hereby give permission to the physician or dentist selected by Calvary Outreach Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, **(Child's name)** _____.

To the extent allowed by law, I will indemnify (compensate) and hold harmless Calvary Outreach Church from and against any and all expenses, losses, claims, damages or liabilities, joint or several, due to injury or loss of property sustained by child named above while in attendance at the Calvary Outreach Teen Camp for the dates of June 3, 2025 through July 7, 2025.

I acknowledge that I am aware that there are risks to my child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. In consideration of my child having the opportunity to participate as a camper in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Calvary Outreach Church and its trustees, agents and volunteers from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I or my child may have against them for, on account of, or by reason of my child's participation in Calvary Outreach Teen Camp as noted above. I indicate my agreement to this hold harmless elective as noted below.

I further authorize Calvary Outreach Youth Ministries to use photographs and videos of the child named above for future brochures, publications and for Calvary Outreach's website. Name(s) will not be published, and camp photos will not at any time be used by any other organization/church.

Parent/Guardian (Print Name) _____
Parent/Guardian (Signature) _____ **Date** _____