

MEDICAL RELEASE AND CONSENT FORM

Byron Bible Camp

40546 South Shore Road, Huron, SD 57350 Phone: 605-352-7267 Fax: 605-352-2041

E-mail: campbyron@yahoo.com Web Site: byronbiblecamp.com

Camper's Name: _____

Address: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____

Birth date: _____ Gender Male: ____ Female: ____

Home Phone: () _____ Cell number: () _____

Present age: _____ Present grade in school or the grade you are going into: _____

Camp or retreat you will be attending: _____

Name of the Church you attend: _____ City where church is located: _____

Parent or guardian's name: _____ Phone Number: _____

MEDICAL RECORD:

Primary or family doctor's name: _____ Doctor's office phone: _____

Immunization Record: Tetanus/Diphtheria DPT/TD: _____ (date)

Other: _____

Health History (allergies, asthma, bee sting reactions, present medical condition and other health issues):

Medications:

Drug: _____ Purpose: _____ Dosage: _____

Drug: _____ Purpose: _____ Dosage: _____

Drug: _____ Purpose: _____ Dosage: _____

If an emergency situation occurs, we will make every effort to contact the parents or guardian.

Parent/guardian consent to Medical, Dental, or Hospital Care.

Limited purpose consent form: Approval to treat a minor

I, _____ (parent or legal guardian) am the parent or legal guardian of _____ (minor's name) hereinafter "my child" who was born on _____, _____. I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I give permission to a staff or adult volunteer (at least 18 years old) of Byron Bible Camp on behalf of all emergency treatment, medical care or dental treatment of _____ (child's name) that is determined necessary or desirable by the child's attending physician or dentist.

I give permission to the staff, employees, volunteers or counselors at Byron Bible Camp to treat minor injuries and give medicine.

Signature of parent or legal guardian _____ (parent or legal guardian)

INSURANCE INFORMATION:

Health Carrier: _____ Policy Number: _____

(Please attach a copy of your insurance card when possible)

Parent's/guardian's name: _____
Address: _____ City/state/zip: _____ Phone: () _____

In case of an emergency call: _____ Phone: () _____

I agree that if _____ (child's name) can not abide by the guidelines and rules set by Byron Bible Camp I will pick up the child mentioned above as soon as possible and take them home.

For example:

The camp has a curfew for each age which means that they are not to be outside the room where they are sleeping unless they need medical attention. They are also to be quiet so others can sleep.

There is certain equipment and/or structures that are not to be played on without adult supervision and the proper gear.

*Everyone is to follow the camp schedule and be where each event takes place.

*Everyone wears a life jacket.

*Only one person on the trampolines at a time.

*Respect others.

*Respect God.

I understand the camp has guidelines and my child is expected to respect them. If my child will not follow the camp's guidelines I will pick up my child if it is needed.

(Parent's or legal guardian's signature) _____

PHOTO RELEASE - I hereby give permission to Byron Bible Camp to use photos of my child for Byron Bible Camp's promotional use. (Parent's or legal guardian's signature) _____

ACTIVITIES RELEASE - I hereby voluntarily permit and release my child to attend Byron Bible Camp and participate in all its activities. I am informed of the activities offered by Byron Bible Camp located at 40546 South Shore Road - Huron, SD. I hereby give permission for my child to voluntarily participate in activities such as horseback riding, climbing wall, obstacle course, zip line, water sports, swimming, boating, challenge elements, archery, air rifles and other camp activities that involve dangers and risks. I agree that Byron Bible Camp, a nonprofit corporation, its officers, staff, employees and volunteers will not be liable for personal injury, death, damage or loss to my child.

(Parent's or legal guardian's signature) _____

I the undersigned parent or guardian representing the camper listed above has read this release, understand, know and am fully aware of the potential dangers/risks of engaging in the observation, activities, or instruction offered at camp. As the parent or guardian I assume all risks associated with such dangers and activities. As the parent or guardian I am fully aware of and understand the terms and legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability.

I am the parent or legal guardian of _____ (child's name). I am 18 years old or older. I have read and understand the terms of this agreement

Father's or male guardian's Signature: _____ Date: _____

Mother's or female guardian's Signature: _____ Date: _____

ADDITIONAL SIGNATURE (only one signature is required below)

Signature of a witness (a friend or Notary Public): _____ Date: _____