

ABC Great Rivers Region Camps (Blackhawk and Lake Springfield)

Medical Information, Waiver of Liability, Indemnification and Medical Release Form

ALL camp participants must fill out this form -- **ONE FORM PER PERSON**

THIS COMPLETED FORM MUST BE BROUGHT TO CAMP WITH YOUR CAMPER

PARTICIPANT MEDICAL INFORMATION

Name:

Address:

City:

State:

Zip:

PHONE: Home

Work:

Cell:

eMail address:

Medical History

	NO	YES	Explain any YES:
Swimmer's ear			
Severe sunburn			
Convulsion/Seizure			
Fainting spells			
Asthma/Hay fever			
Impetigo/Boils			
Athlete's foot			
Allergies:			
Medications			
Plants (e.g. poison ivy)			
Insects			
Food (e.g. peanuts)			
Other			

List any medications recently taken or to be dispensed at camp with instructions:

Tetanus immunization?

NO

YES

Date:

Are there significant injuries, illnesses, hospitalizations, surgeries, or behavioral issues we should be aware of?

PARENT OR LEGAL GUARDIAN

Name:

Address:

City:

State:

Zip:

PHONE: Home

Work:

Cell:

eMail address:

SECOND PERSON TO CONTACT IN CASE OF EMERGENCY

Name:

Address:

City:

State:

Zip:

PHONE: Home

Work:

Cell:

eMail address:

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Address: _____

City: _____

State: _____

Zip: _____

Name of Insured: _____

Policy Number: _____

Phone Number for Prior Authorization: _____

Other Insurance Information: _____

Personal Physician: _____

Address of Personal Physician: _____

Phone Number(s) of Personal Physician: _____

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

I/We _____ (print names)

the undersigned participant/parents or legal guardians of the child participant named above, am/are aware of, recognize and acknowledge the risks involved in participating in camp activities and warrant and represent that my/our child is physically fit and capable of participating in these activities. On behalf of myself/our child, I/we hereby:

- a) waive, release, and discharge the American Baptist Churches of the Great Rivers Region (the "Region"), its officers, agents, employees, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including my/our child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my/our child arising out of camp activities or activities preliminary or subsequent thereto;
- b) indemnify and hold harmless the Region, its officers, agents, employees, and volunteers from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of any of my/our child's involvement in or actions during camp; and
- c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by my/our child's negligence or otherwise.

In the event of accident, injury or illness involving me/our child, under any circumstances where I am physically unable to consent or am not present, I hereby voluntarily authorize and consent to furnishing to me/our child such medical care, attention and treatment by any hospital, physician, or dentists as such hospital, physician, or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I authorize the camp manager or persons identified by the camp manager to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

I/we accept responsibility for any medical bills incurred by me/our child.

I/we understand that my/our child may be photographed or filmed to be used in promotional and/or informational materials for regional camping. My/our child will not be identified by name in such materials.

I/we give permission for such use of my/our child's image.

NO

YES

_____ initial

Signature of participant **only if 18 years old or older**

age

date signed

If participant is under 18 years of age, both parents or legal guardians must sign.

Signature of Father or Legal Guardian

date signed

Signature of Mother or Legal Guardian

date signed

Original to be kept on file at the Regional office; a copy kept onsite