

Camper Information / Medical Information / Emergency Treatment Form

Camper's Full Name: _____ Camper's Preferred Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Mothers Name: _____ Fathers Name: _____

Best Phone to reach you: (____) _____ - _____ Best Phone to reach you: (____) _____ - _____

Fill out the information below so we may act quickly in the event of an accident

Whom to call if parents cannot be reached

Name / Relation: _____ Phone #: (____) _____ - _____ or (____) _____ - _____

Doctors Name: _____ Phone #: (____) _____ - _____

Medical Insurance Co: _____ Policy #: _____ (for medical use only and optional)

Dentist Name: _____ Phone #: (____) _____ - _____

Dental Insurance Co: _____ Policy #: _____ (for medical use only and optional)
If different from above medical information.

Any intolerance to drugs or medication: YES or NO (please circle one)

If so, please explain: _____

Describe any known Allergies: _____

Action plan if needed: _____

Parent/Guardian Authorizations & Liability Release: Known & Unknown Risks

I understand that my child's presence at and participation at Covenant Camps, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child.

Medical Release

I consent to first aid and emergency medical care for my child and authorize, if necessary, admission to a hospital for treatment of injuries that my child could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for The Covenant School Camps Staff to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child for medical care.

Publicity Release Yes / No (Circle One)

I agree to allow the use of my child's photos, likeness or quotes in brochures, ads, web pages, video and other media as deemed useful by the camp for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, likenesses or quotes.

Parent's Name (print) _____

Date: _____

Parent's signature: _____