

2018 REACH CAMP MEDICAL RELEASE

Everyone attending REACH Camp must fill in all spaces and return it notarized to your STUDENT PASTOR with your final payment.

Name _____ Date of Birth ____/____/____ Age _____

Home Address _____ City _____ State _____ Zip _____

Parent or Guardian Name _____

Home Phone _____ Email: _____

Dad/Guardian: Work Phone _____ Cell Phone _____

Mom/Guardian: Work Phone _____ Cell Phone _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List known food/drug allergies & medical conditions: (use back if necessary)

Date of last Tetanus shot _____ Blood Type if known: _____

List medications taken regularly:

Any other special instructions regarding my teenager:

Doctor's Name _____

Insurance Company _____ Policy # _____

Please provide a copy of your insurance card*

Authorization for Emergency Medical Care:

I, _____, parent and/or guardian of _____, a minor, hereby give my child, the said minor, my express permission to attend REACH Camp July 9-13, 2018.

In the event that emergency medical attention is needed, I hereby give permission for REACH representatives and/or Summit Heights Fellowship, my church sponsors to seek medical attention for my child, and do hereby authorize medical treatment for the care of my said child as may be provided by doctors, hospitals or other medical services. It is understood that REACH Camp, Summit Heights Fellowship Hawkins, Texas, and church officials will make a conscientious effort to locate the emergency contacts listed above before any action will be taken. If it is not possible to locate the emergency contacts listed above, I/we will accept the expense of emergency medical or surgical treatment.

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency

and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's Church sponsor/his designee or camp staff to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release REACH Camp, Summit Heights Fellowship Hawkins, Texas, its directors, employees, or agents from liability associated with participation in REACH Camp, Summit Heights Fellowship Hawkins, Texas,

I do release, acquit, discharge, and covenant to hold harmless the REACH Camp, Summit Heights Fellowship Hawkins, Texas, staff personnel, or its representatives, the Sponsors, or the Universities and/or camp grounds upon whose campuses REACH Camp is being conducted, from any and all actions, damages and liabilities arising out of the treatment of any sickness or accident incurred by, said child, during the dates of REACH Camp said child attends.

I consent and give permission for said child, at his/her own discretion to participate in counseling sessions while attending REACH Camp. I have read the rules provided by REACH Camp, Summit Heights Fellowship Hawkins, Texas, and I/We understand the rules and will abide by said rules if my/our child is found negligent in following said rules.

Parent/Guardian's Signature

Parent/Guardian's Signature

Photo Release:

This document serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated conference/camp for the purposes of publicity, staff training, and/or promotion.

Student or Participant Covenant:

I, _____, understand and agree to abide with the restrictions/rules placed on my activities by my parent/guardian and REACH Productions International Inc. If I choose NOT to obey the restrictions/rules, I understand that I will be sent home at my parent's expense.

Signature Youth Participant

Parent/Guardian Initials

A notary public witnessing parent/guardian's signature must complete the following.

The state of _____ the county of _____ Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, State of _____
Signature of Notary here: _____

Print name of Notary Public here: _____
My commission expires the _____ day of _____, A.D. _____.