

# Special Events Waiver and Medical Release Form



Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's #: \_\_\_\_\_

Immunization To Date: Yes \_\_\_ No \_\_\_ Health Card: \_\_\_\_\_

List any severe allergies (bee stings, food, penicillin, etc.) \_\_\_\_\_

List and physical, emotional, mental, or behavioural limitations: \_\_\_\_\_

List any current treatment/medication for any illness, condition, or injury: \_\_\_\_\_

Circle any issues that apply:

Asthma	Seizure Disorder	Heart Disease	Clotting Disorder	Diabetes	Eating
Frequent Colds/Sinus Issues	Frequent Earaches/Infections	Headaches	Hearing	Sight	
Difficulties	Skin Condition	Homesickness	Nightmares	Bedwetting	Sleepwalking

**\*IF YOUR CAMPER HAS ANY MEDICATION OR DIETARY RESTRICTIONS, PLEASE REGISTER WITH THE CAMP NURSE IMMEDIATELY**

I, \_\_\_\_\_, **GIVE / DO NOT GIVE (CIRCLE ONE)** consent for the camp nurse to administer over the counter medications to my child at the discretion of the nurse appointed by OVPC.

*Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, Eastern Ontario District of the PAOC, **Ottawa Valley Pentecostal camp**, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, X-rays, or medical treatment, the parents/guardians will be notified immediately.*

## WAIVER

- Parent/guardian gives permission for camper to take part in all activities listed on the provided schedule, including public transportation to LogosLand. During these activities safety of the camper is the camp's primary concern. Precautions will be taken for their wellbeing and protection. Parent/guardian will contact that office if they require further details of special events on the schedule.
- Camper is in good physical and emotional health, responsive to normal camp authority and discipline. The Director reserves the right to dismiss any camper, who is in his/her opinion feels it is in the best interest of the camper, camp, or both. In this event, any refund is reserved at the discretion of the Director. There is no reduction for campers arriving late or leaving early.
- The parent/guardian submitting this application has legal custody over the child and is responsible for the payment of fees and other expenses incurred by the child. There is no charge for minor medical services performed by camp staff. In case of serious accident or illness requiring the services of a hospital, physician, dentist, diagnostic tests, medication, and transportation by ambulance, the parents/guardians will be notified and any charges will be made to the parents/guardians.
- I give permission for the camp to use photos and video of my child for promotional purposes.
- While every precaution shall be taken to ensure the welfare and protection of the camper, the Eastern District of the PAOC, Ottawa Valley Pentecostal Camp, its staff, and its volunteers are hereby released of any/all liability in the event of any accident, illness, or misfortune.
- The camp is empowered to obtain emergency medical treatment. In the case of a Surgical Emergency, I hereby give permission to the physician to hospitalize, to treat, to order surgery, injection, and anesthesia for my child as named above.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_