



(940) 855-4182
3784 Church Camp Rd
Iowa Park, TX 76367

ONE DAY CAMPER/SPONSOR MEDICAL RELEASE FORM

Registration Information

Age: _____
 First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Parent/Guardian(for sponsors:contact for emergency) _____ Relation to you _____
 Home Phone () _____ Cell Phone () _____
 Work Phone () _____ E-mail _____
 Church or Group you came with (Include City) _____

Medical Information

Allergies _____
 Is your child currently taking any medications? __yes __no. Please list dosages and times
 Medication _____ Dosage _____ Time _____
 Medication _____ Dosage _____ Time _____
 Medication _____ Dosage _____ Time _____
 Please list any medical conditions or recent surgeries your child has had:

~WHAT TO BRING~
Bathing Suit
Towel
Sunscreen
Bug Spray

Family Physician _____
 Phone _____
 Insurance Provider _____
 Address _____
 Policy # _____
It is recommended that you attach a photocopy of your medical insurance card.

Non Prescription Medications

The following non-prescription medications and treatments are available for you child in our first aid station. Please circle any of these medications if you **Do Not** want your child to receive them.

Tylenol	Pepto Bismol	Band-aids
Robitussin	Benadryl	Swimmer's ear

Authorization

I, _____, give my permission to Camp Chaparral Baptist Assembly's staff and/or church or group responsible: _____ to provide and authorize medical treatment that may be deemed necessary to insure the well-being of named student/sponsor, _____. I understand that every effort will be made to provide the safest environment possible at camp, but accidents can and do occur. I agree not to hold liable the sponsoring church/group, the camp staff, or Camp Chaparral in the case of an unforeseen event during any of but not limited to any of the following activities; Ropes Course, Inflatables, Swimming, Laser Tag or ANY event. These terms shall serve as a Release and Assumption of risk for all heirs, executors, administrators, and family members. I, furthermore, hereby acknowledge, that I am aware that my child could potentially be exposed to various illnesses, including COVID-19, and I am willing to assume that risk. I agree not to hold Camp Chaparral liable for any damages related to such exposure. I also give permission to Camp Chaparral Baptist Assembly to use any photos/video of my child/myself taken while participating in camp activities for promotional materials and Chaparral website. I also understand that Camp Chaparral cannot be responsible for lost or broken items, and that unclaimed items will be donated to charity at the end of the summer.

*****I agree to check my child for head lice BEFORE sending them to Camp Chaparral*****
*****I certify that I will check my child to ensure he/she is not running a fever before sending them to Camp Chaparral*****

Parent/Guardian/Sponsor Signature _____ Date _____ Print Name _____