

## Zona Health Form (2 pages, Due at Camp)

Health forms are required for everyone attending Zona Camp; the Arizona Southern Baptist Convention and Biola University require this.

You will turn in the originals to the nurse at registration. **You should keep a set of copies with you in case you need them during times you are not on campus.**

Even students whose parents are present need to turn in forms since they will not always be together during this week.

### ZONA CAMP/BIOLA UNIVERSITY HEALTH FORM

Zona Experience  Mission Life  Worship Catalyst  Impact

Name of your church \_\_\_\_\_ City \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Home or Work Phone \_\_\_\_\_

Home Address (Please include City, State, Zip) \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone \_\_\_\_\_

Home Address (Please include City, State, Zip) \_\_\_\_\_

\*\*\*\*\*

HEALTH CONDITION: Excellent \_\_\_ Good \_\_\_ Poor \_\_\_

Please list any health or medical information about camper that we should know:

Date of last immunization:

DPT or TD      Tetanus      Polio      Measles      Rubella      Mumps

Please list camper's allergies (food, medication, insects, other):

IMPORTANT: Do you carry medical/hospital insurance? \_\_\_\_\_

If so, indicate:

Carrier \_\_\_\_\_ Policy or Group number \_\_\_\_\_

Name of family physician \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE NOTE: The camp insurance is accident only and only to be considered secondary insurance.**

## OVER-THE-COUNTER MEDICATION PERMIT

Following is a list of over-the-counter medications. Please mark a line through any item you would not want used for your child.

- |  |  |
|--|--|
| Acetaminophen (Tylenol)                        | Cepastat (throat lozenge)                |
| Pepto-Bismol                                   | Tums                                     |
| Kaopectate                                     | Mylanta (liquid)                         |
| Milk of Magnesia                               | Sudafed (decongestant)                   |
| Chlor-trimeton (antihistamine)                 | Actifed (antihistamine and decongestant) |
| Robitussin                                     | Gatorade                                 |
| Benadryl                                       | Camphophenique                           |
| Betadine for wound care                        | Hydrogen Peroxide for wound care         |
| Neosporin for wound care                       | Polysporin for wound care                |
| Hydrocortisone Ointment for allergic skin rash |  |
| Ibuprofen                                      |  |

### AUTHORIZATION TO MEDICATE MINOR CAMPER OR STAFF MEMBER Must be filled out if camper is bringing medication to camp

I hereby request that the below-listed medication(s) be given to my child. This will be handled by one of the leaders from our church group, unless otherwise requested.

Please give complete information for each medication camper brings to camp. All medication must be in original container with prescription instructions in your child's name.

NAME OF MEDICATION	DOSAGE	FREQUENCY	WHAT IT IS FOR

Signed \_\_\_\_\_  
(Parent or Guardian and Date)

## Zona Authorization and Release Agreement (1 Page Due at Camp)

*Please use one form for each attendee\**

*Zona Camp reserves the right to use photos and videos taken during events/projects for promotional and recognition purposes. This could include publishing in newsletter, collateral materials and website and broadcast.*

### IMPORTANT! MUST BE COMPLETED FOR ATTENDANCE

PARENT'S AUTHORIZATION: I give \_\_\_\_\_ (child) permission to participate in all Zona Camp activities, June 10<sup>th</sup> to 15<sup>th</sup>, 2018, under the direct supervision of sponsors of \_\_\_\_\_ Church. I understand that in the event medical treatment is required, every effort will be made to contact me.

However, if I can't be reached, I give my permission that in the case of accident or medical emergency, my child \_\_\_\_\_ may be treated by a qualified physician selected by Conference Center personnel. I further agree to assume the obligation to pay doctor bills, telephone calls or any other expense relating to the emergency other than that paid by camp insurance. The camp insurance will pay as secondary insurance for medical care needed by campers who suffer bodily injury in accidents which occur at camp. No condition of illness other than accidental injury is covered by camp insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian)

As consideration for Biola University's permission to use its facilities and services: I knowingly and voluntarily release, acquit and forever discharge Biola University and their related persons from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, and expenses of any nature whatsoever, known or unknown, suspected or unsuspected, foreseen or unforeseen, matured or unmatured, which exist, have existed, or may arise from any matter whatsoever occurring, including, but not limited to, any claims arising out of or in any way related to my and my dependents' presence on the campus of Biola University which I or my dependents have or hereafter may have, own or hold against Biola University or their related persons.

In case of illness or injury, I hereby authorize emergency medical treatment for myself or my unaccompanied minor children (named below) and agree to assume full responsibility for any such treatment, including payment of costs and any claims arising from or associated with such medical treatment.

By executing this Release Agreement, I am waiving all my and my dependents' claims against Biola University and their related persons arising under common law or any federal, state or local laws of any state.

I understand that if my child is involved in Mission Life Experience they will be going off campus for up to 7 hours Monday - Thursday of camp. Zona Camp will provide transportation to and from the mission site.

Print Name

Date

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Name of Unaccompanied Minor Child:

\* Even if you are attending camp along with your child/children, there may be times when you and your child/children are attending separate activities; therefore, it is important that we have a separate *Medical Authorization* for each of you in the event of a medical emergency.

Release Form (1 Page Due at Camp)



Office of Auxiliary Services

## RELEASE FORM

Release executed by \_\_\_\_\_parent/ guardian)  
for \_\_\_\_\_(child / dependent) to Biola University,  
Inc., 13800 Biola Avenue, La Mirada, CA., 90639.

In consideration of being permitted to participate in \_\_\_\_\_  
(hereinafter "activity") on \_\_\_\_\_, I, undersigned, in full recognition  
and appreciation of the dangers and hazards inherent in this activity including transportation  
to and from such activity; to which I may be exposed during my participation in this activity,  
do hereby agree to assume all the risks and responsibilities surrounding my participation in  
the activity, and further, I do for myself, my heirs and personal representatives (s) hereby  
defend, hold harmless, indemnify, and release, and forever discharge BIOLA UNIVERSITY,  
INC., and all its trustees, officers, agents and employees form and against any and all claims,  
demands, and actions, or causes of action, on account of damage to personal property, or  
personal injury, or death which may result from my participation in the activity, and which  
result from causes beyond the control of, and without the fault or negligence of BIOLA  
UNIVERSITY, INC., its trustees, officers, agents or employees, during the period of my  
participation as aforesaid.

Parent/Guardian Signature

\_\_\_\_\_Date\_\_\_\_\_ Parent/Guardian

Printed name\_\_\_\_\_