

# 2019 GCC/Summit Registration AND Medical RELEASE Form

Camper Name

Last, first

Church

Cabin

**Please Print**

Camper Name \_\_\_\_\_ Church attending with: \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Completed \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Shirt Size \_\_\_\_\_

Church normally attended \_\_\_\_\_ Are you a Christian? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

School \_\_\_\_\_

**Name of parent/guardian(s)**

Contact 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Best (Contact 1) \_\_\_\_\_ (Contact 2) \_\_\_\_\_

Other (Contact 1) \_\_\_\_\_ (Contact 2) \_\_\_\_\_

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. \_\_\_\_\_ (\_\_\_\_\_) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

**Vital Camper Information** (If more space needed for vital information, please staple another sheet to back of this form.)

Please list any allergy: Environmental, Penicillin, other drug, and/or food reaction: \_\_\_\_\_

Are you sending medication to camp? \_\_\_NO\_\_\_YES

**If you are sending medication to camp, parents/guardians must complete the Administration Authorization Form and submit with this registration. This includes prescription and OTC medicine.**

Dates of last immunizations: Tetanus \_\_\_\_\_ Diphtheria \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**(Only prescription or over the counter medication in the original container and properly labeled may be administered.)**

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**CDIB?** \_\_\_NO\_\_\_YES If yes, Nation? \_\_\_\_\_

**INSURANCE INFORMATION AND ASSIGNMENT**

Name of Insured \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Co. & Phone \_\_\_\_\_

Mail claim to: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Cert. # \_\_\_\_\_

**Signature of Insured**

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I hereby (do \_\_\_) (do not \_\_\_) give this church and/or Green Country Camp permission to give **over the counter medication** to my child. These may include, but are not limited to, Tylenol, Ibuprofen, Pepcid, Tums, or Benadryl. \*I (do\_\_\_) (do not\_\_\_) need to be contacted before any medication is given.\*

**Signature of Parent/Guardian** \_\_\_\_\_

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I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to attend camp with and will not hold this Church Summit Camps, or Green Country Camp (Green Country Baptist Assembly) responsible for any accident that may occur. I also give permission for my child to receive medical treatment or attention in case of emergency or illness while traveling &/or while under the supervision of above referenced Church, sponsors, &/or camp staff. I further give full authority to this Church's staff & sponsors to discipline my child as may be deemed necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the sponsors have my permission to send my camper home after notifying me of their intention. I promise to pay the cost of the return trip should this action become necessary. *I expressly understand & acknowledge that during the course of the camp photographs &/or video footage of my child may be taken & I hereby give permission for such photographs or videos to be used on the camp website &/or for promotional materials for the camp. \*\*\*I also agree to check for head lice within 24 hours of attending camp.*

X \_\_\_\_\_ /2019 \_\_\_\_\_  
**Signature of Parent/Guardian** **Date** **Telephone Number**

Green Country Camp  
(918) 782-7097

PO Box 40  
Disney, OK 74340

Parent/Guardian Medication Administration Authorization Form

This medication form must be completed for ALL medications to be given routinely or on an "as needed" basis to campers age 17 and younger. Medications will be kept in a secure location.

Prescription medications MUST be in their **original container** with directions for administration clearly printed on the label. Over the counter medication MUST ALSO be in original packaging with dosage directions clearly printed on label. DO NOT send loose pills in a zip-lock bag or pills set up in a medication dispenser. **All medications must be in original containers.** Thank you for your cooperation.

Name of camper \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Church name \_\_\_\_\_ City \_\_\_\_\_

Diagnosis or reason for medication and any specific instructions.

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List of Medications

Medication	Dose	Times(s) to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_