Maysville Wesleyan Kids Camp
Medical Release Form / Permission to Treat

Name of Church: _____ City/State:_____

Personal Information:

Name: _____

SS # (optional): _____ DOB: _____/_____/_____ Age:_____ Gender:_____

Address: _____

City: _____ State: _____ Zip: _____

T-SHIRT SIZE Youth Size: (circle one) S M L Adult Size: S M L XL XXL XXXL XXXXL

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Secondary Contact: _____ Relationship: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Insurance Information: *Please attach a copy of your insurance card to this form.

Insurance Co.: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____)_____

Personal Medical Information:

Physician's Name: _____ Phone: (_____)_____

Physical Limitations (asthma, diabetes, allergies, etc.), and/or

Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

_____

_____

Allergies:

- ❒ No known allergies
- ❒ Food _____
- ❒ Medicine_____
- ❒ Environment (insect stings, hay fever, etc.) _____
- ❒ Other _____

(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- ❒ This camper eats a regular diet.
- ❒ This camper eats a regular vegetarian diet.
- ❒ This camper is lactose intolerant.
- ❒ This camper is gluten intolerant.
- ❒ This camper has a peanut allergy.
- ❒ Other, ***please explain in space.***

Restrictions: (please check one)

❒ I have reviewed program / activities of the camp and feel the camper can participate without restrictions.

❒ I have reviewed program / activities of the camp and feel the camper can participate with the following restrictions or adaptations. ***(Please describe below.)***

_____

_____

Medical

List ALL medication taken on a regular basis and/or any brought with you to Camp.
(Prescription meds MUST have a pharmacy label and name of doctor and in original bottle)

_____

_____

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NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Date of last Tetanus shot if past 6th grade : _____

Immunizations up to date Yes or NO_____

List all operations/serious injuries and dates within the past five (5) years:_____

_____

_____

If your camper has not been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Relationship
Parent/Guardian: _____
Date:_____ Relationship to Camper: _____

Medications

Please check the medications listed below which you authorize staff to give child while at camp (if needed).
If permission is not granted for a particular medication, please leave that medication blank.

- ❒ Aloe Vera
- ❒ Antihistamine/allergy medicine
- ❒ Bacitracin
- ❒ Benadryl
- ❒ Benadryl cream
- ❒ Calamine lotion
- ❒ Children's Tums
- ❒ Dextromethorphan cough syrup (Robitussin DM)
- ❒ Generic cough drops
- ❒ Guaifenesin cough syrup (Robitussin
- ❒ Hydrocortisone cream
- ❒ Ibuprofen
- ❒ Insect repellant
- ❒ Laxatives for constipation (Ex-Lax)
- ❒ Lice Shampoo
- ❒ Neosporin
- ❒ Sudafed
- ❒ Sudafed PE
- ❒ Sunscreen
- ❒ Tylenol

Mental, Emotional, and Social Health: ***Check "Yes" or "No" for each question.***

Has the camper…

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes __ No____
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes ___ No___
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes __ No___
4. Had a significant life event that continues to affect the camper's life? Yes ___ No___

(History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived disaster, other)

Please explain "Yes" answers in the space below, noting the number of the questions.
The camp may contact you for additional information.

Has the camper…

1. Ever been hospitalized? Yes__ No__
2. Had fainting or dizziness? Yes___ No___
3. Ever had surgery? Yes__ No__
4. Passed out/had chest pain during exercise? Yes__ No__
5. Have recurrent/chronic illnesses? Yes __ No__
6. Had mononucleosis ("mono") during the past 12 months? Yes ___ No___
7. Had a recent infectious disease? Yes__ No__
8. If female, have problems with periods/menstruation? Yes __ No_
9. Had a recent injury? Yes ___ No___
10. Have problems with falling asleep/sleepwalking? Yes __ No___
11. Had asthma/wheezing/shortness of breath? Yes ___ No ____
12. Ever had back/joint problems? Yes __ No__
13. Have diabetes? Yes__ No___
14. Have a history of bedwetting? Yes ___ No___
15. Had seizures? Yes__ No__
16. Have problems with diarrhea/constipation? Yes __ No__
17. Had headaches? Yes__ No __
18. Have any skin problems? Yes ___ No___
19. Wear glasses, contacts, or protective eyewear? Yes __ No__
20. Traveled outside the country in the past 9 months? Yes __ No__

Please explain "Yes" answers in the space below, noting the number of the questions.
For travel outside the country, please name countries visited and dates of travel.

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above camp for the purposes of publicity, staff training, and/or promotion.

Emergency Authorization - 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 myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself 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 the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____

---------- DO NOT WRITE BELOW THIS LINE — FOR OFFICE PERSONNEL ONLY ----------

Nurse Notes

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