

Medical & Photo Release Form

Camper's Name: _____

Parent/Legal Guardian: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact person (someone to call if parent/guardian cannot be reached) _____

Relationship _____ Phone _____

Camper's physician: _____ Physician Phone: _____

Health Insurance Company: _____

Policy Number: _____

List all allergies to food and medications _____

List all medications camper is currently taking (include an additional page if necessary): _____

Is there any additional medical information we should know about your child? _____

Please read and initial the following consent statements:

____ (Initial) I acknowledge that my child's experience in the SCBN Children's Camp will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance my child may come in contact with the following hazards including (but not limited to): ants, mosquitos, ticks, chiggers, poison ivy/oak and bees. I further acknowledge that SCBN Camp and its staff are not responsible for any bug bites, sunburns or illnesses (including COVID-19) that may occur during camp activities. My signature below authorizes the staff at SCBN to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

____ (Initial) PHOTO RELEASE: I understand that my child may be photographed or videotaped while participating in the activities at the SCBN Camp. **South Central Baptist Network Association** has my permission to use these pictures in promotional material and/or on the Association website/social media pages. I UNDERSTAND THAT NO IDENTIFYING INFORMATION WILL BE PROVIDED WITH THE PHOTOS.

I give permission for authorized camp staff to administer basic first aid to my child.

My child may receive over-the-counter medication (Tylenol, Benadryl, etc.) if necessary.

Parent/Guardian's name (printed)

Parent/Guardian's signature

Date