

Medical Information

This form must be filled out and turned in to Camp office upon arrival. This includes staff and campers.

Church Name _____

Camper Name _____ Date of Birth _____

Does your child have any known allergies?

My child can be given over the counter, non prescription medication or applications, not exceeding the recommended dosage for stomach discomfort, cuts, scrapes, insect bites, or headaches.

Is sponsor (Spiro First Assembly of God) authorized to approve medical treatment? Yes ___ No ___

Is participant covered by personal/family medical insurance? Yes ___ No ___

If yes, Name of Insurer: _____

Policy of group number: _____

Please list routine medications: _____

Please list medications or foods participant is allergic to: _____

Please list physical or mental handicaps, limitations or restrictions: _____

Parent Signature: _____

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

I, _____,

(Name of Parent or Guardian, please print)

of the city of _____, State of Oklahoma,

hereby affirm that my child, _____,

(Child's Name, Print name)

will be participating June 9 through June 15, 2015 in First Assembly of God church Student Ministry functions hereinafter referred to as "Student Activities."

I certify that I am cognizant of the inherent dangers associated with participating in "Student Activities" and with the fact that participating in "Student Activities" may take place on church premises, outside of, or off Church premises.

I understand and agree that neither the First Assembly of God church, Spiro, nor its officers, trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in "Student Activities" which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in "Student Activities", I hereby personally assume all risks in connection with my participation in "Student Activities". I further release the First Assembly of God church, its officers, trustees, representatives, instructors, and agents for any injury or damage which may befall my child while my child is enrolled or participating in Student Activities". I further agree to save and hold harmless the Spiro First Assembly of God church, its officers, trustees, representatives, instructors, and agents from any claim by me, or my family, estate, or any others participating in "Student Activities" with my child to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in "Student Activities."

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

SIGNATURE: _____

(Parent or Guardian)

Date _____