



CAMPER MEDICAL INFORMATION

MEDICAL FORM THINGS-TO-KNOW

- Please include all medical information pertaining to your child.
- Assume that all allergies and medical conditions are relevant.
- Please send all medications with your child to camp in the **original bottle with a name-labeled ziplock bag**
- For the protection of our students, we reserve the right to not accept loose or unlabeled medication.

Student name: _____ **Date of birth:** _____

Address: _____ **City:** _____ **State:** _____

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2 (not living with you): _____ Phone #: _____

Medical Conditions (including but not limited to: diabetes, asthma, seizures, heart conditions, etc.)

Medication List (including dosage and any special instructions. Use extra paper if necessary)
Medications must be handed in at registration and may not be kept in cabins with students.

Drug Allergies: _____

Food Allergies/ Special Dietary Needs: _____

Indoor/Outdoor Allergies: _____

Please circle the over the counter medication your child may be given by Survivor Camp Medical Staff

Tylenol 500 mg

Motrin 200mg

Benadryl 25 mg

Pepto-Bismol

Tums

All medications including inhalers must be turned in at registration. For the safety of your child and the other children, no medications may be kept by students or leaders in rooms. If medications are not turned in and are shared with another student, they will be sent home. Any student who contracts any of the following illnesses must be picked up by a parent: Pink eye, uncontrolled vomiting and/or diarrhea, fever over 100, or any other condition deemed serious by the staff.



TRAVEL + MEDICAL RELEASE + CONSENT

RELEASE + CONSENT FORM THINGS TO KNOW

- This form must be filled out in the presence of a public notary
- We cannot and will not accept this form if it is not notarized
- We cannot and will not hold incomplete forms in our possession

Parent or Guardian Name: _____ **Date:** _____

WHEREAS, (Child's Printed Name): _____ wishes to be a member of Grace Christian Church (hereafter known as GCC) Survivor Camp which will be traveling to and staying at **Lake Ann Camp, Lake Ann, Michigan** and the surrounding area, and WHEREAS, certain circumstances may occur resulting in (my child's) need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for (my child) to participate in said camp, I (Parent or Guardian Name): _____ being of legal age, authorize GCC or any agent/volunteer of GCC to act on (my child's) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's) medical well-being for the duration of the camp.
2. In the event of illness, injury or behavior issues that require my student to leave the camp early, I understand that as parent/ legal guardian I am responsible for arranging transportation in a timely manner.
3. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's) behalf.
4. Any consent by GCC shall have the same force and effect as if I had personally given the consent.
5. I certify I have personal health insurance with (must provide proof of medical insurance):

Company _____ Policy # _____

With no territorial limitation, which will provide coverage for (my child) during the duration of the said camp. I understand that no health plan is provided by GCC. I hereby release and hold harmless GCC and Lake Ann Camp, its Pastors, employees, and representatives and volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of (my child's) participation at this camp.

Parent / Guardian Signature: _____ **Date:** _____

Certificate of Acknowledgement of Notary Public

Subscribed and sworn to before me
this _____ day of _____, 20____
_____, Notary Public
_____ County, _____

My Commission Expires: _____

