

# Youth Camp 2015 Medical Release Form

Student's Name: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_ Policy #/Group #: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to attend and participate in First Baptist Church's Youth Camp, July 20 through July 24, 2015 at Alabama 4-H Center. We do hereby release, waive and discharge any and all liability whatsoever past, present or future, rising from any injury or damages whatsoever to my child or cause of action accruing or occurring to my child for any injury, damages or claim which occur or accrue during this trip. Further, we do agree that First Baptist Church may secure medical attention for health care for my child when in the opinion of the responsible church officials, such attention or care is desirable or necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

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## Camp Standards

The Student Ministry Staff desires for everyone to live according to certain standards during the week of camp as we strive to know God more. I understand that my actions affect others as well as myself. I will do my part to ensure that everyone has the best possible experience at camp. I will:

- Listen to God through His word and leaders.
- Abide by the order of camp outlined by the Student Ministry Staff.
- Respect Staff, Counselors and 4-H Center Officials.
- Participate in all scheduled events and activities, and stay within designated boundaries.
- Avoid use of illegal substances (alcohol, drugs, tobacco)
- Dress in a manner that is God honoring.
- Use words and actions that benefit others. No negative language or practical jokes.
- Avoid private or public displays of affection.
- Have a good ATTITUDE.

Student's Signature: \_\_\_\_\_