

**UCYC MEDICAL**

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications to be given at camp: \_\_\_\_\_

\_\_\_\_\_

Medications that should **not** be given: \_\_\_\_\_

Note: Please be sure your child is in good health upon arrival at camp. We can serve your child best if they are feeling well and can participate. All medications to be given at camp must be in a current, ORIGINAL PRESCRIPTION CONTAINER.

Does camper have:	Physical handicap	Learning Disability
	Recreational Limit	Allergies
	Medical Condition	Other

If yes, please explain:

I, the undersigned parent/guardian of the named child, understand that my child is responsible for knowing the rules and regulations made by United Christian Youth Camp (UCYC), the church and sponsors of this activity.

I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. I understand that in the event of a medical emergency, every effort will be made to contact the parent/guardian listed. **In the event I cannot be reached, I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child.** In consideration of this acceptance for said activity, United Christian Youth Camp (i.e. Staff, volunteers and board members) is hereby released and relieved from Liability for accident and injury to said child arising from any and all activities of this event.

**I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child takes.** Permission is hereby given for **my named child's leader** to administer prescription medication as directed on the original prescription medication container. Permission is also hereby given for the staff at UCYC to administer the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_

Permission is hereby given for use of the following by UCYC for promotional or fund raising purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; and 3) name, address, phone number and e-mail address for camp database.

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Parent Printed Name

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

Last _____ First _____ <b>For Office Use ONLY</b>
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**CCV PARENTAL CONSENT**

I, the undersigned parent/guardian of the named child below, give my son/daughter permission to participate in the named activity. I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of the said activity. I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child. In consideration of this acceptance, Christ's Church of the Valley is hereby released and relieved for Liability for accident and injury to said child arising from any and all activities of this event.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**PLEASE LIST ANYONE LEGALLY RESTRICTED FROM SEEING THIS CAMPER** \_\_\_\_\_