

NORTHEAST BIBLE CAMP 2009

Medical Information, Waiver of Liability, Indemnification and Medical Release Form

[All camp participants (CHILDREN AND ADULTS) must fill out this form -- ONE FORM PER PERSON]

PARTICIPANT MEDICAL INFORMATION		
NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE: Home	Work	Cell
EMAIL ADDRESS		
Are you under the care of a physician? If yes, please list the reasons.		
Are you on any medication? If yes, please list the medication.		
Do you have any allergies (food, drug, plant, insect, etc.) ? If yes, please list them.		
List any serious illnesses or operations you have had in the past (and approximate date).		

FIRST PERSON TO CONTACT IN CASE OF EMERGENCY		
NAME	RELATIONSHIP	
ADDRESS		
CITY	STATE	ZIP
PHONE: Home	Work	Cell
EMAIL ADDRESS		

SECOND PERSON TO CONTACT IN CASE OF EMERGENCY		
NAME	RELATIONSHIP	
ADDRESS		
CITY	STATE	ZIP
PHONE: Home	Work	Cell
EMAIL ADDRESS		

INSURANCE INFORMATION
INSURANCE COMPANY
ADDRESS
POLICY NUMBER
NAME OF INSURED
PHONE NUMBER FOR PRIOR AUTHORIZATION
Other Insurance Information

Name of personal physician:
Address of personal physician:
Phone number(s) of personal physician:

WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE FOR CAMP PARTICIPANTS

I/We _____ & _____ the undersigned *participant/parents or legal guardians of the child participant* named above, *am/are* aware of, recognize and acknowledge the risks involved in participating in summer camp activities including activities preliminary and subsequent thereto.

On behalf of *myself/our child* and *my/his/her* executors, administrators, heirs, next of kin, successors, and assigns, I/we hereby:

a) waive, release, and discharge the Northboro Church of Christ, its officers, agents, employees, and volunteers; and Camp Hunt Inc., its members, officers, directors, employees, and agents from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including *my/our child's* death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue *to/our child* and *my/his/her* estate, arising out of or relating to any summer camp activities or activities preliminary and subsequent thereto;

b) indemnify and hold harmless the Northboro Church of Christ, its officers, agents, employees, and volunteers; and Camp Hunt Inc., its members, officers, directors, employees, and agents from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of any *my/our child's* involvement in or actions during camp; and

c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by *my/our child's* negligence or otherwise.

In the event of accident, injury or illness involving *me/our child*, under any circumstances where I am physically unable to consent or am not present, I hereby voluntarily authorize and consent to furnishing *to/our child* such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I authorize the camp manager or person designated by him to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. I will assume responsibility for any medical bills incurred by *me/our child*.

Signature of Participant only if 18 years old or older	Age of Participant	Date Signed	Signature of Father or Legal Guardian	Date Signed
			Signature of Mother or Legal Guardian	Date Signed

Note: if participant is under 18 years old, both parents or legal guardians must sign this form.

PHOTO WAIVER: Please check box if you do NOT wish your picture to be used for publicity purposes.

LAST NAME

FIRST NAME

MI

IMMUNIZATION RECORD

Hepatitis B (Hep B) - 3 Doses

Measles, Mumps, Rubella (MMR) - 2 Doses

Diphtheria, Tetanus, Pertussis (DTaP or DTP) -5 Doses

H. influenza type B (HiB) - 4 Doses

Polio Vaccine - 4 Doses

Varicella (chickenpox) - 2 Doses

Tetanus-Diphtheria (Td) - Latest Immunization, only