

H Y C ~ "Out of This World" 2012

Camper Medical Waiver & Release Form

Camper Name: _____

(First Name)

(Last Name)

Parent/s Name: _____

(First Name)

(Last Name)

Home Phone: _____

Parent Cell Phone: _____

Parent Work Phone: _____

Home Church: _____

MEDICAL HISTORY

Is the camper's immunizations current **Yes** **No** Last TETANUS Shot (year) _____

Does camper have any allergies or medical conditions (Drugs, Food, Environmental) **Yes** **No**

If yes, please list and explain in detail.

Medical Insurance Provider & Policy #: _____

Child's Doctor's Name & Phone #: _____

Will the camper need to take medication while at camp? **Yes** **No** **If yes, please list:**

Name of Medication? Reason? Dosage? Frequency?

MEDICINES MUST BE SENT IN THE ORIGINAL CONTAINER!!! THIS INCLUDES ANY NON-PRESCRIPTION DRUGS.

Medical staff will not allow any medication to be taken in a manner different than what the container instructs.

All medicines, prescription AND nonprescription, will be dispensed by the camp medical staff.

State law requires that all medicine be kept in the infirmary. Campers will not be allowed to keep their medications with them.

Over-the-Counter Medications

The camper named on this form may be given the following, as needed (**please check all that apply**).

- | | | |
|---|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Motrin) | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Chloraseptic Throat Spray (Sore Throat) | <input type="checkbox"/> Anti-diarrheal (Loperamide) | <input type="checkbox"/> Aloe (for sunburns) |
| <input type="checkbox"/> Diphenhydramine Hydrochloride (Benadryl) | <input type="checkbox"/> Antacids (Tums, Maalox) | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Diphenhydramine Cream (Benadryl cream) | <input type="checkbox"/> Sudafed PE (Phenylephrine) | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Cough medicine (Guaifenesin/and or Dextromethorphan) | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Visine Eye drops |

All over-the-counter medications will be given according to package instructions.

Does the camper have any special physical, mental, or emotional needs? **Yes** **No**

If yes, please list and give details. This form will be kept in strict confidence. Include any and all conditions or diagnosis, such as Diabetes, Asthma, ADD/ADHD, Depression, Bipolar, OCD, Anxiety, Oppositional Behaviors, etc. Please include any information that will help the camp staff provide the best possible camp experience for your child.

Would you like a call from the camp director or medical personnel regarding your child's needs? **Yes** **No**

RELEASE:

I, parent or guardian, hereby give approval for my child to attend the **Heartland Youth Camp** at **Camp Palestine** and relieve the Heartland Youth Camp, the Kansas City Church of Christ, the Camp Palestine, and all the affiliated staff from any and all liability for sickness, accidents, or injuries while attending or being transported to/from the camp facilities. In the event of an emergency and I cannot be contacted, I give my consent to the Camp Director and/or the Camp Medical Personnel (Nurse) to authorize medical help on site or at an appropriate medical facility.

Parent or Legal Guardian (please print)

Signature of Parent or Legal Guardian

Date

NOTE: NO CAMPER WILL BE ALLOWED TO CHECK IN AT CAMP UNLESS THIS SIGNED WAIVER IS TURNED IN.

Please mail form to Kansas City Church of Christ, 10250 Quivira Road, Lenexa, KS 66215 or fax to (913) 599-6377