

# GRACE KIDS CAMP MEDICAL RELEASE

July 9-12, 2018

Camper's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Cell Phone/Emergency # \_\_\_\_\_

## ***Medical Information***

Family Physician \_\_\_\_\_

Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_ Ins. Company Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications to be taken \_\_\_\_\_

Physical Handicaps or Special Conditions \_\_\_\_\_

## ***Medical and Surgical Waiver***

*Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches*

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby  
(Student's name)  
acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Grace Baptist Church/Camp BaYoCa staff, its representatives, sponsors, or attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I understand that every attempt will be made to contact me in the event of an emergency. I, the undersigned parent and legal guardian of the above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Grace Baptist Church/Camp BaYoCa, or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities, arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume any financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**State of Tennessee, County of \_\_\_\_\_ sworn  
to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 2018.**

\_\_\_\_\_  
**Notary Public for Tennessee**

**Commission Expires \_\_\_\_\_**

