

PERMISSION AND MEDICAL CONSENT – OVERCOMER YOUTH CAMP '21

As parent or legal guardian, I hereby give permission for my child to participate in Overcomer Youth Camp '21:

Child's full name:

Parent or Guardian Name:

Sex:

Home address:

Birthday:

Parent cellphone:

If not available in an emergency, notify:

Contact #1

Contact #2:

Name:

Name:

Phone Number:

Phone number:

Relationship:

Relationship:

In the event that your child falls ill or suffers an accident during the retreat, every effort will be made to contact you immediately to arrange any necessary medical care or pick your child up if necessary. Our retreat staff will be equipped to render only the most basic of first aid.

Does this child have any allergies? (e.g. penicillin, insect stings, hay fever, other drugs, food, etc.) Please indicate below:

Does this child have any medical or health issues which would have an effect on the child's participation in Youth Camp? Are there any activities, such as strenuous activities, to be restricted for this child?

Is this child on any medications? If so, please state the medication, when they should take the medication, and whether the child will be bringing these medications to camp.

Are there any dietary restrictions this child is required to observe? (please make sure you've mentioned this in the online registration form as well)

If you would like us to have on hand any information relating to your child's physician/dentist/health insurance, etc., or if you have any other comments or relevant information that would help us in hosting your child well, please add that here.

I further understand that, in the event my child requires medical or dental treatment while attending Youth Camp, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the event organizers and/or any adult counselor acting on behalf of the event, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities unless otherwise noted by in this form.

In addition, I understand that counselors and staff of Overcomer Youth Camp '21 are not responsible for injuries that may occur during the Activity. I hereby voluntarily waive any claim against these parties.

Signature of parent: _____

Date: _____

Print Full Name: _____