

**MEDICAL INFORMATION / CONSENT / AGREEMENT TO PARTICIPATE**

**Pine Springs Baptist Camp**

**3386 FM 1798 W, Laneville, TX 75667, Phone: 903-863-5524**

Church/Group: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade completed: \_\_\_\_ Camper's Gender: \_\_\_\_

**Emergency Notification:** Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medical Information:** (Please explain or list on a separate sheet of paper and attach to this form if necessary)

Allergies (List and Explain Reaction): \_\_\_\_\_

Check any conditions: Diabetes  Epilepsy  Asthma  Heart Problems  Chest Pain  Thyroid

Dizziness  Kidney Ailments  Back Pain  Broken Bones  Bleeding Disorders  Operations

High Blood Pressure  Any Other Conditions: \_\_\_\_\_

Are all immunizations current: Yes \_\_\_ No \_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:** I/we hereby authorize the camp medical personnel to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Pine Springs Baptist Camp, I/we hereby authorize the camp staff, camp director, or group leader to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Pine Springs Baptist Camp medical personnel to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

**AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY - WHEREAS, THE UNDERSIGNED ("the PARTICIPANT")** wishes to be accepted for participation in all activities conducted by Pine Springs Baptist Camp. In consideration of, and for the right to participate in such an activity by Pine Springs Baptist Camp, its Directors, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or otherwise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by Pine Springs Baptist Camp, its Directors, Trustees, Employees, Agents, and/or Associates and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

**AGREEMENT TO HAVE PHOTOGRAPH TAKEN OR VIDEOED:** I/we are aware of the fact that photos/video of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in such photo/video. I/we hereby give permission to have my photograph taken/to be videoed. If this is unacceptable, I/we will state that fact here by writing "NO" in the space provided. \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_