



Student Medical Release & Permission Form

June 29-July 2, 2018
Camp Barnabas
(for students completing grades 6-12 in 2018)

Camp Fee: \$195
Due by June 1st
Please make checks payable to:
North Arkansas District

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Grade Completed _____ Male Female Email _____

Church Attending Camp With: _____ Adult T-Shirt Size: S M L XL 2X 3X

I do NOT want pictures of my child to be taken or posted on North Arkansas District social media.

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical Insurance Company _____ Policy # _____

Policy Holder: _____
FULL NAME

Custodial Parent/Guardian's name _____ Phone: _____

Custodial Parent/Guardian's name _____ Phone: _____

Emergency Contact _____ Phone: _____

Physician _____ Phone: _____

Medical History

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to—
- pollens medications food insect bites

Please explain: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
- asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

Please explain: _____

3. Date of last tetanus shot: _____

4. Please list and explain any major illnesses the child experienced during the last year:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the ORIGINAL packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

- Does not eat red meat
- Does not eat pork
- Does not eat eggs
- Does not eat poultry
- Does not eat seafood
- Does not eat dairy products
- Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

Camp Guidelines

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, swimming, basketball, soccer, volleyball, softball, baseball, camping, hiking, Bible studies, miniature golf. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by the North Arkansas District Church of the Nazarene at Camp Barnabas in 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the North Arkansas District Church of the Nazarene and its representatives of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the North Arkansas District Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the North Arkansas District Church of the Nazarene, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the North Arkansas District Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____