MEDICAL RELEASE & ACKNOWLEDGMENT

Church: First Baptist Church Woodway Church City: Woodway Camp: Session 2 / June 27-30

CAMPER'S INFORMATION

Legal Name: _____ Preferred Name: _____

First, Middle, & Last

Social Security #: _____ Birthdate (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

Gender (circle): Female Male Age at Camp: _____ Current Grade (circle): 3 4 5 6 Sponsor

T-Shirt Size (circle): YM, YL, AS, AM, AL, AXL, AXXL, AXXXL, AXXXXL

PARENT CONTACT

Name: _____ Relationship to Camper: _____

Email: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT (can be 2nd parent or grandparent or friend)

Name: _____ Relationship to Camper: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Pertinent Medical History/Conditions/Special Instructions:

Known Allergies (food, medicine, and environment):

Medicines that will be taken at camp (prescription meds must be in the prescribed container; both prescription and non-prescription meds must be listed here & turned in to us on June 27):

Meds	Dosage	Frequency

AUTHORIZATION

I have read and understand the camp rules. I agree that my child (or I) will abide by them while at Pineywoods Baptist Encampment. If my child (or I) does (do) not abide by these rules, I understand that he/she (or I) could be sent home at my expense at the discretion of the camp director and camp administration. I also consent and give permission for the use of photographs of my child (or myself) taken while at camp to be used in the promotion of Pineywoods Baptist Encampment on the Pineywoods Camp web page or printed materials.

Parent/Guardian: I hereby give my consent for the above-named camper to take part in any and all activities occurring within the camp program. I hereby give my permission for medical treatment, including administration of first aid and/or OTC medications(s), if deemed necessary by camp medical personnel. If in the event of an emergency, I cannot be reached, I hereby give my consent for Pineywoods camp administration or church leadership to sign for and obtain emergency medical care should it be necessary. I understand that every effort will be made to provide the safest camp environment possible, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Pineywoods in the case of an unforeseen event at camp or within the camp program. By signing this form, I give permission for a staff member at First Woodway to complete my registration online once it becomes available.

Sponsor: In the event of an emergency I hereby give my consent for Pineywoods camp administration or church leadership to sign for and obtain emergency medical care should it be necessary. I understand that every effort will be made to provide the safest camp environment possible, that that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Pineywoods in the case of an unforeseen event at camp or within the camp program.

PARENT/GUARDIAN SIGNATURE (or self, if a sponsor): _____

RELATIONSHIP TO CAMPER (circle): Parent Guardian Self