

Medical Information Continued:

***All medications must be turned into the Nurse on the first day of camp and must be in the original packaging/container.**

Is your camper in general good health & able to participate in all normal camp activities?

Yes No (If no, please submit a statement of limitations)

Prescription Medications

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Non-Prescription Medications

Vitamins, food supplements, etc.

Name of Medication:

How often taken:

Reason for use:

1: _____

2: _____

3: _____

Dietary Needs

Reason for Dietary Needs

Specific Allergies/Treatment Given

Date of last tetanus shot

Preexisting Medical Condition

Primary Care Physician

()
Phone

Insurance Company

Policy No.

How do you prefer your confirmation letter? Email: ___ Mail: ___

Signature

The undersigned does hereby release, discharge, indemnify, and hold harmless Christian Retreat Center and The Allegheny and Susquehanna Conferences of the Brethren in Christ Church and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my participation in, and attendance at, Christian Retreat Center and/or related facilities, including all claims or demands for death or injury to me, or any damage to, or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise. This waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate at Christian Retreat Center. In signing this form, I hereby certify that all information is correct and I give permission for the use of photographs, audio, and video footage including my child in camp publicly, for my child to be transported in a camp operated vehicles for approved out-of-camp activities and for purpose of medical transport, and for the release of medical records in case of illness.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date