



UNITED CHRISTIAN YOUTH CAMP

MEDICAL CONSENT FORM

ucyc.com

CAMPER/CHURCH INFO:

Last Name _____
First Name _____

Church _____

CAMPER

Name: _____ Age: _____
 Birthdate: _____ Male Female Grade in Fall: _____
 CAMP ATTENDING: High School Middle School WEEK ATTENDING: _____
 Junior (Grades 4-6) Kids (Grades 3-4)

EMERGENCY

	PARENT/GUARDIAN INFORMATION	EMERGENCY CONTACT
Name:		
Address:		
City, State, Zip:		
Home Phone:		
Work Phone:		
E-mail Address:		
Please list anyone legally restricted from seeing this camper:		

INSURANCE

Company	Group Name/Number:
	Insured ID Number:
	Name and birthdate of person responsible for medical expenses:
Claims Address and Phone Number:	

MEDICAL

Physician's Name: _____ Phone Number: _____
 Date of last tetanus shot: _____
 Medications to be given at camp: _____
 Note: Please be sure your child is in good health upon arrival at camp. We can serve your child best if they are feeling well and can participate.
All medications to be given at camp must be in a current, ORIGINAL PRESCRIPTION CONTAINER.
 Does Camper Have: Physical Handicap Recreational Limit Learning Disability
 Medical Condition Allergies Other
 If yes, please explain: _____

PLEASE TURN OVER TO CAREFULLY READ AND SIGN THE CONSENT AND MEDICAL RELEASE

I, the undersigned parent/guardian of the named child, understand that my child is responsible for knowing the rules and regulations made by United Christian Youth Camp (UCYC), the church and sponsors of this activity.

I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. I understand that in the event of a medical emergency, every effort will be made to contact the parent/guardian listed. **In the event I cannot be reached, I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child.** In consideration of this acceptance for said activity, United Christian Youth Camp (i.e. Staff, volunteers and board members) is hereby released and relieved from Liability for accident and injury to said child arising from any and all activities of this event.

I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child takes. Permission is hereby given for *my named child's leader* to administer prescription medication as directed on the original prescription medication container. Permission is also hereby given for the staff at UCYC to administer the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

Permission is hereby given for use of the following by UCYC for promotional or fund raising purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; and 3) name, address, phone number and e-mail address for camp database.

Child's Name

Parent Printed Name

Parent Signature

Date

Lives are changing at UCYC!

YES! Please send me an end of summer wrap up about decisions for Christ and the other fun things that happened at camp this year to the following e-mail address:

By checking this box, you will receive a camp synopsis and invitation to participate in future UCYC ministries.