

Campers
17 + younger

(all children & youth) Camper Name: _____ July 10th – July 14th, 2017

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) _____

**List all medications the camper is currently taking.
For each medication, indicate whether or not it will be brought to camp.
If you need more room, please attach additional pages.**

Parent/Guardian Information

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # () - - Work # () - - Mobile # () - -

E-Mail Address _____

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # () - - Work # () - - Mobile # () - -

E-Mail Address _____

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child (the aforementioned minor) my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions:

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present, if unusual circumstances make such an inspection necessary. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the 2017 BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____ Name: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

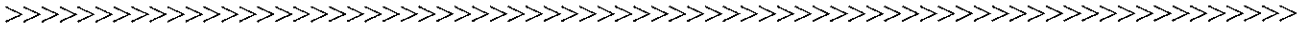
We reserve the right to search a campers belongings, with or without consent, in case of an emergency.

Medicine Dispensing Form

TDH Laws require that, all medication, prescription or non-prescription drugs will be held at the camp first aid station and administered by camp approved, medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with this completed form in a zip-lock bag.

✓ **ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINERS FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.**



PUT THIS FORM IN THE ZIP LOCK BAG ALONG WITH THE MEDICINE

This medication belongs to: _____

Camper's Church: _____

Councilor/Sponsor Name: _____

Parent Name: _____

Day Phone: _____ Night Phone: _____

Parent (please circle) will / will not allow over the counter medicines to be dispensed to their camper exceptions are: _____

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, etc.)

Medication Name	Dosage	Dosage Time AM/Noon/PM/Bedtime	Special Instructions

If medication is only "as needed" tell us the circumstances in which to administer the medication: _____

Signature: _____