

**Ozark Mission Project Release Form**  
**(A Non-Profit Corporation)**

Camper Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Pharmacy Card: \_\_\_\_\_ RX Number: \_\_\_\_\_

Please List Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Name of person responsible for distributing medication: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Do You Wear Glasses or Contacts? \_\_\_\_\_

Are there any present physical or mental medical conditions (such as heart disease, diabetes, bi-polar disorder, etc) that would need to be disclosed to a physician if camper was taken to the emergency room? *(Please be as detailed as possible in case a third party not familiar with camper's medical history has to communicate with an attending physician in an emergency situation. All disclosures will be handled with confidentiality.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form I agree:**

For Ozark Mission Project to obtain any reasonable medical treatment or emergency medical care as deemed necessary by a licensed physician. I agree to pay for any treatment or medicines that my child receives. I designate the adult listed above to dispense any prescription medication my child is required to take or have available while participating in Ozark Mission Project.

I release and agree to hold harmless Ozark Mission Project and any related agency, conference, district, local church, member, employee, volunteer, or agent, from any liability, injury, damage or loss (including without limitation electronic devices), accidents, delay, or irregularity related to my child's planned participation or involvement in Ozark Mission Project.

Ozark Mission Project reserves the right to remove and refuse camper participation, at OMP's sole discretion, now or in the future for any reason. By signing this statement I agree my child should be subject to the exercise of this right of removal/refusal as deemed necessary by OMP and to pay for any costs incurred by the youth being sent home for disciplinary reasons.

Ozark Mission Project has permission to use my child's picture or other images on the OMP Website, in newspapers, in a brochure or other media.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date