



table rock fellowship

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Medford, OR 97501  
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# KID'S CAMP MEDICAL & LIABILITY RELEASE FORM

## GENERAL INFORMATION

Date _____		Effect Date of Release _____		
Name (Participant) _____		Gender _____	D.O.B. _____	
Address _____		Grade Just Completed _____	Weight _____	
City/State/Zip _____		Phone _____	Church _____	
Is parent a counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/legal guardian during camp Name/address (if different) _____			
		Hm. Phone _____	Cell _____	Work _____

## MEDICAL/HEALTH INFORMATION (Check if your child has . . .)

**TETNAUS SHOT** (date of last shot) \_\_\_\_\_

Allergies  Drug Allergies  Hay Fever  Insects  Other \_\_\_\_\_  
 Food(s) (list) \_\_\_\_\_

Other Conditions  High Blood Pressure  Cardiac  Chronic Asthma  Sinus Infection  
 Diabetes  Epilepsy  Other \_\_\_\_\_  
 Physical Disability \_\_\_\_\_

If you checked any of the above, please give details (include normal treatment of allergic reactions): \_\_\_\_\_

List any activities for health reasons your child cannot be involved in: \_\_\_\_\_

**MEDICATIONS** (see attached Medication Schedule Sheet for name(s) and dosage details)  
**\* PLEASE MAKE SURE ALL MEDICATIONS ARE TURNED INTO CAMP NURSE PRIOR TO LEAVING THE CHURCH!**  
*All medication(s) [prescriptions and over the counter] presently being taken, must be in their original packaging, be clearly marked with child's name and complete dosage instructions.*

MAY WE GIVE YOUR CHILD THE FOLLOWING IF NEEDED? CHILDREN'S TYLENOL  YES  NO BENADRYL  YES  NO

NOTE: Did you do a lice check prior to leaving for camp?  YES  NO  
**Please inspect your child for head lice or nits prior to camp. No child can be permitted to remain at camp if these are present.**  
**Also if your child has a fever or any other contagious illness, they will not be permitted to attend camp.**  
**IN GENERAL rules of good hygiene are urged such as regular washing of hands, and no exchange of razors, toothbrushes, lip gloss, combs, brushes, etc.**

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone(s) \_\_\_\_\_

As Parent/Legal Guardian, this health history is correct, so far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to Table Rock Fellowship to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary by a hospital emergency staff physician which in their professional judgement may be necessary. I realize that I will be contacted at the earliest possible moment in case of such emergency.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY INSURANCE INFORMATION

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Family Medical Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Medical Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

# PARENTAL LIABILITY RELEASE

## DISCIPLINE/PROPERTY DAMAGE

I understand that the rented facility makes rules and guidelines that my child will abide by while attending camp. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. **Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued.** In addition, I will pay for any damage that is done to the camp or to personal property belonging to another individual.

## LIABILITY RELEASE

I understand that my child's involvement in the TRF (Table Rock Fellowship) camping program is a privilege. In consideration of this privilege, I am signing this release/consent form.

I understand that my child may participate in any number of activities some of which include, but are not limited to, water sports, obstacle course activities, and other games. I understand that these is a certain risk of physical injury involved with all such activities, some of which I may presently be unaware of.

I understand by signing this release form I am assuming such risks that are both known and unknown to me at this time. I further release TRF, its trustees, employees, rental facilities, including its trustees, employees and agents from any claim that I may have against them as a result of physical injury or illness during my child's participation in the camping activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assign may present against the TRF employees, rental facilities, including its trustees, employees, and agents. A claim may be based upon the sole and exclusive negligence of the TRF employees, rental facilities, including its trustees, employees and agents, harmless from liability resulting from a participation in camp activities, including reasonable attorney's fees.

I understand and acknowledge the physical nature of camp activities. I understand that participation in these activities require a certain level of physical fitness and abilities. By signing this release, I assure that my child is physically fit and able to participate in all camp activities except that which has been listed on this form.

I acknowledge that by signing this document, I am agreeing to release the TRF and rental facilities, including its trustees, employees, and agents from liability. I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release liability. The information I have completed is accurate to the best of my knowledge.

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Parent/Legal Guardian Signature

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Date