

Camp Maranatha Boys Weekend 2017 MEDICAL INFORMATION & TREATMENT CONSENT FORM

In my absence I, _____, hereby authorize the Directors of Camp Maranatha, Boys Weekend or his/her appointee to obtain medical treatment which may be deemed necessary for my child _____. Furthermore, I authorize the proper dispensing of my child's prescription/over the counter drug(s), if any, as listed on this application and/or attachments. **(Prescription/Over the Counter drugs must be presented in original container with dosage instructions.)** I also hereby authorize any physician called upon by Camp Maranatha, Boys Weekend Directors, or his/her appointee, to render medical treatment that, in his/her judgment, may be necessary for the well-being of my child. I also hereby authorize the dispensing of over-the-counter medication (unless listed) to my child, as he/she deems necessary. **By signing this form I declare that I have legal custodial right to do so.**

 **SIGNATURE REQUIRED:** _____
Relationship to Child: _____

Insurance and/or Government Program:	_____	List Current Prescription or Over-the-Counter Drug(s):	_____
Address:	_____		_____
Subscriber I. D. or Contract #:	_____		_____
Insurance Co. Phone #:	_____		_____
Admission Precertification Phone #:	_____		_____
Group Name (Employer):	_____		_____
Group Number:	_____		_____
Employer's Address:	_____		_____
Employer's Phone #:	_____		_____

List any medical conditions, disabilities/allergies: _____
Is your child presently being treated for any Mental Health issue or condition? YES NO

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THEIR LOCAL CHURCH'S DIRECTOR IF A PARTICIPANTS MEDICAL HISTORY CHANGES PRIOR TO THEM COMING TO THE EVENT! THE CONFERENCE D.M. DIRECTOR CAN BE NOTIFIED BY CALLING 540-674-4131 EXT. 201. or by emailing: rfedericks58@aol.com
IT IS THE PARENT'S RESPONSIBILITY TO CONFIRM RECEIPT OF INFORMATION!


Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this Application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. I understand that I will be responsible for any balance due. **By signing this form I declare that I have legal custodial authority to do so.**

 **SIGNATURE REQUIRED:** _____
Relationship to Child: _____

ACTIVITY PERMISSION FORM TO BE SIGNED BY PARENT OR GUARDIAN

The undersigned hereby and forever releases and discharges Camp Maranatha, Boys and Girls Ministry, the Appalachian Conference of the IPHC and its agencies, employees, officers and/or directors, of any and all liability of any nature which may arise while my child, _____, is a participant, as set forth in this application. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid

Camp Maranatha, Boys and Girls Ministry and/or the Appalachian Conference IPHC, its agencies, employees, officers and/or directors for any injury which may occur to said camper while he/she is involved in any of the activities of Boys Weekend, which may include, but not be limited to, swimming, paintball, go carts, challenge course, climbing tower, zip line, archery, air rifles, inflatable games, etc., either on or off premises. Furthermore, I give permission for my child to be transported and to attend, if any, off campus activity that might be planned. The Director has my permission to use any image of my child, alone or in a group, or any written material that he/she produces for promotional purposes. **By signing this form I declare I have the legal custodial right to do so.**

 **SIGNATURE REQUIRED:** _____
Relationship to Child: _____