Appalachian Conference Royal Ranger Winter Camp-Out 2019 Participation Form

MEDICAL TREATMENT CONSENT FORM AND HOSPITALIZATION INSURANCE COVERAGE INFORMATION

I understand that my child is under the direct supervision of my local church's Royal Ranger Commanders and leadership while at Winter Camp-Out. I further understand that though this event is sponsored by the Appalachian Conference Discipleship Ministries Department they have NO direct supervision of or responsibility for my child or their camp set-up and supplies and I hereby release the Royal Rangers/Boys Ministry, the Appalachian Conference IPHC and its agencies, employee's, 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 agreement.

AUTHORIZED SIGNATURE REQUIRED: _____

In my absence, I, _____, hereby authorize my local Royal Ranger Commander/ the Appalachian Conference Royal Ranger Sr. Commander, or his/their appointee, to obtain medical treatment which may be deemed necessary for my child, _____. I also hereby authorize any physician called upon by the local Royal Ranger Commander/Appalachian Conference Royal Ranger Sr. Commander, or his/their appointee, to render medical treatment that, in his/their judgment is deemed necessary for the well being of my child. Furthermore, I authorize the proper dispensing of my child's prescription drug(s) as listed on this application and to dispense over-the-counter medication (unless listed) to my child as needed.

AUTHORIZED SIGNATURE REQUIRED: _____

Insurance and/or Government Program _____

Address: _____

Subscriber I. D. or Contract Number: _____

Insurance Co. Phone #: _____

Admission Precertification Phone #: _____

Group Name (Employer): _____

Group Number: _____

Employer's Address: _____

Employer's Phone #: _____

List Current Prescription Drug(s):

_____

_____

_____

_____

_____

FOOD ALLERGIES:

_____

_____

_____

List any medical conditions, disabilities/allergies or over-the-counter drug allergies: _____

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE PARTICIPATING CHURCH'S ROYAL RANGER SR. COMMANDER IF THEIR CHILD'S MEDICAL HISTORY CHANGES PRIOR TO COMING TO WINTER CAMP-OUT! THE PARTICIPATING CHURCH'S ROYAL RANGER SR. COMMANDER CAN BE NOTIFIED BY CALLING _____-_____-_____.

THE APPALACHIAN CONFERENCE ROYAL RANGER SR. COMMANDER CAN BE CONTACTED AT 540-233-8983.

Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this Royal Ranger Winter Camp-out Application. I further authorize payment of medical benefits to the physician or supplier of service rendered to my dependent.

AUTHORIZED PERSON'S SIGNATURE: _____

ACTIVITY PERMISSION FORM TO BE SIGNED BY PARENT OR GUARDIAN

Understanding the risks of winter camping the undersigned hereby and forever releases and discharges the local church, Camp Maranatha, Royal Rangers/Boys Ministry, Appalachian Conference IPHC and its agencies, employees, officers and/or directors of any and all liability of any nature which may arise while their child, _____, is a participant, as set forth in this agreement. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid local church, Camp Maranatha, Royal Rangers/Boys Ministry, Appalachian Conference IPHC, its agencies, officers and/or directors for any injury which may occur to said participant while he is involved in any of the activities of the Appalachian Conference Royal Rangers Winter Camp-out, which may include but not limited to: swimming, paintball, go-carts, challenge course, water slide, climbing tower, zip line, archery, sledding, air rifles, hiking, inflatable games, building/starting camp fires, pocket knife use, chopping wood, etc., either on or off premises. I further give permission for my child to participate in any and all activities whether listed or not. The Appalachian Conference Royal Rangers also has my permission to transport my child for activities, and to use any image of my child, alone or in a group, made at Winter Camp-out, or any written material that he may produce for promotional purposes. The Appalachian Conference Discipleship Ministries Department has a strict **NO CELL PHONE** and **NO BULLYING** policy. **BY SIGNING THESE FORMS I CERITFY THAT I HAVE LEGAL CUSTODIAL RIGHT TO DO SO.**

AUTHORIZED PERSON'S SIGNATURE: _____