

MPBC Children's Camp  
Medical and Media Release Form

This form is effective from the time the minor arrives at camp until the time the minor leaves camp to go home

Name of student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I give permission for my child to participate in the Magalia Pines Baptist Church Children's Camp. This includes but is not limited to transportation to, from, and during and activities. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to be photographed or video-taped for use by the MPBC in various forms of public media presentation.

I understand that some activities include risk of personal injury and that adequate supervision of all activities will be maintained. I hereby release MPBC, its camp ministries staff, directors, employees, volunteers, and agents from any liability, injury, or illness that my child may sustain during church activities. This includes but is not limited to transportation to, from, and during any activities if the participant has not attained the age of 18 years: I (we) am the parent(s) or legal guardian(s) of this participant, hereby grant my (our) permission and authorization to take said participant to a doctor or hospital. We hereby authorize emergency medical treatment and assume responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or other reasons, I (we) will assume all transportation costs, if any. All decisions pertaining to a participant's return will be left to the discretion of the Camp Director.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the inability of us, the undersigned, the parents or guardians of the above-named minor, to sign a consent or authorization to render such care. It is my/our intent the MPBC shall act in my stead in making such decisions.

**All medications must be taken to the nurse's station at check-in time** This includes pills, liquids, inhalers, creams, vitamins and any dietary or herbal supplements. Prescription Medications:

- 1) Must be in their original container with the **instruction portion clearly seen.**
- 2) **Will only be given as prescribed and if no outdated.** Please check expiration dates and dosing instructions carefully.
- 3) **All medications must be kept at the nurse's stations.** The only exception to this rule would be an extra inhaler accompanied by a physician's letter stating a necessity for carrying. In this case the inhaler must be with the camper at all time (fanny pack, etc.) Inhalers found apart from the camper will be returned to the nurse's station for the duration of the week. **Please be assured that camp nurses are available by radio and can quickly deliver an inhaler to your camper if needed.**

**Non-Prescription Medications:**

- 1) All non-prescription medications (vitamins, dietary supplements, allergy meds, creams, etc) must be in ***new unopened packages*** on arrival to camp to be opened by the nurse upon first administering.
- 2) Any medications arriving in already opened containers or in unlabeled condition ***will not be accepted.***

Please bring all medications to camp in a ***gallon sized zipper sealed bag*** (use 2 if needed) with the camper's name written in permanent ink on the top front of the bag. Please ***label all equipment and non-prescription medications*** with the camper's name ***prior to arrival*** at camp. This will speed the check-in process.

We keep a good supply of basic medications should your camper need anything, so don't worry about sending non-prescription medications unless you really want to.

Please feel free to call me or e-mail me ([tweetybird19632005@yahoo.com](mailto:tweetybird19632005@yahoo.com)) with any questions or concerns you have about your camper. It is our intention to provide your camper with a safe, healthy environment that can encourage their spiritual growth while at camp.

Signature of Parent/Guardian of Child \_\_\_\_\_

Date \_\_\_\_\_