

Camp Nehemiah

Medical Authorization & Liability Release

Church: Refers to Grace Community Support Corporation, 3737 Stilesboro Rd, Kennesaw, GA 30152, along with any and all of its authorized agents, including paid staff and volunteer workers.

Minor: Refers to the person, not having reached his/her 18th birthday, for which this form is filed.

Guardian: Refers to any parent or legal guardian of the minor.

Part I: Personal & Medical Information

(PLEASE PRINT ALL INFORMATION LEGIBLY)

Minor's Personal Information:

Name: (Last) (First) (Middle)

Address:

Home Phone: Gender: Date of Birth:

Minor's Health Insurance Information:

Insurance Company:

Policy Number: Group Number:

In case of emergency, please notify one of the following:

1.) Name: Relationship to Minor:

Home Phone: Work Phone: Cell Phone:

2.) Name: Relationship to Minor:

Home Phone: Work Phone: Cell Phone:

Minor's Medical Information:

Date of last tetanus shot:

Names, dosages and purpose of medications being taken:

Allergies (medications and dietary):

Special considerations (i.e. medical conditions, dietary needs/restrictions, activity limitations, etc.):

Minor's Doctor: (Name) (Phone)

Guardian's: (Name) (Signature) (Date)

(Continued on back)

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**Medical Authorization & Liability Release
Part II: Authorization for Medical Treatment**

I, the undersigned guardian of the minor, do hereby grant the following to the camp on behalf of the minor's participation in any events sponsored by the church and for which I have granted my prior approval. I intend the following authorization and release to constitute my prior approval for all camp events held at the GCSC, field trips, amusement parks, and in the camp's home state. Prior approval for participation in any other camp events will be given with separate EVENT REGISTRATION forms as issued individually for each event.

I, authorize the camp to administer general first aid treatment for any minor injuries or illnesses experienced by the minor in any of the aforementioned events. If the injury or illness is life threatening or in need of emergency treatment, I authorize the camp to summon any and all professional emergency personnel to attend, transport and treat the participant, and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the church in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I agree to release and hold harmless the church from any and all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization.

Signature: _____ Date: _____

(Parent/Guardian signature must be notarized by notary public)

This section to be completed by Notary Public.

The above person appeared personally before me on the date indicated below, and acknowledged execution of the foregoing. IN WITNESS THEREOF, I have hereunto set my hand and Notary Seal.

Signature: _____ Date: _____

Print Name: _____

My Notary Public commission is in and for the State of _____,
County of _____, with expiration date _____

Notary Seal: