

# Super Kids Camp Arkansas Participant Form

## MEDICAL INFORMATION, CONSENT AND RELEASE FORM

### **Child Information:**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade last completed: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Emergency Contact Information:**

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_  
Legal Guardian of Child: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_  
If other, please give name, address & preferred phone#: \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ Phone#: \_\_\_\_\_

### **PLEASE LIST ANY:**

Allergies (Medications, Food, Insects, etc.): \_\_\_\_\_  
\_\_\_\_\_

Please describe the type of reaction your child has to each of the allergens listed. \_\_\_\_\_  
\_\_\_\_\_

Does your child require an Epi-Pen? \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_

Medications (including Over-the-Counter): \_\_\_\_\_

Previous hospitalizations/surgeries: \_\_\_\_\_

Health Problems or Medical Issues: \_\_\_\_\_

Issues or concerns that camp staff should be aware of: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Are immunizations/vaccinations current? \_\_\_\_\_

### **\*\*Please attach a copy of health insurance card.\*\***

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### **CONSENT**

I hereby consent and give my permission to any authorized personnel to administer the necessary medication and/or medical treatment to my child (the above named individual) which may be deemed necessary or advisable in the event of injury, accident, and/or illness during his or her camp attendance. I also hereby consent and give my permission to any authorized personnel to take emergency measures deemed necessary for the care and protection of my child while under their supervision. In case of accident or illness, I understand that my child will be taken to an appropriate medical facility for treatment. It is understood that in severe situations, the adults in charge may contact the local emergency resource before the parent, child's physician, and other adults acting on the parent's behalf. I understand that any expenses incurred will be the responsibility of the child's family.

### **Medication Administration**

Please provide the following information for all medications that are to be administered by authorized personnel. Please note that ALL over-the-counter medications (OTC) such as Tylenol, Benadryl etc. must be in the original container with the label still intact. ALL prescribed medications must be in the original container with a pre-printed pharmacy label providing instructions on use.

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### Medications to be administered.

Name of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

How to Administer: \_\_\_\_\_

How to Administer: \_\_\_\_\_

Other comments: \_\_\_\_\_

Other comments: \_\_\_\_\_

\*\*Please fill out the Medication Dispensation Form and bring with your medications in their original container.

### RELEASE OF LIABILITY

**PLEASE READ CAREFULLY.** I, the undersigned parent or guardian of the above named individual (or "my child"), acknowledge that attendance and participation in all camp-related activities at Super Kids Camp Arkansas may involve the risk of physical injury. I knowingly and freely assume all such risks on behalf of my child and I willingly agree to comply with terms and conditions for my child's attendance and participation. I agree that I will not make a claim against, sue, or prosecute Super Kids Camp Arkansas, Arkansas Baptist State Convention, the Cooperative Program or Camp Paron, and/or their officers, directors, agents, sponsors and employees for damages for death or personal injury, which my child may sustain as a result of his/her attendance and participation at Super Kids Camp Arkansas. Knowing that there are inherent risks or dangers, I certify that my child is fully capable of attending and participating in the activities Super Kids Camp Arkansas has to offer.

I, as a parent/guardian with legal responsibility for my child, do consent and agree to his/her release as provided above and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless Super Kids Camp Arkansas, Arkansas Baptist State Convention, the Cooperative Program and/or Camp Paron from any and all liability incidents to my child's involvement or participation at Super Kids Camp Arkansas as provided above, to the fullest extent permitted by law. I have carefully read this consent and release of liability and fully understand and agree to its contents.

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

State of Arkansas

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned notary, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

[Seal of Office]