

Retreat Health/Release Form

Please attach a copy of your insurance card to this document

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____

Male Female Age: _____

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this retreat.

1. Are all immunizations current ? Yes or No Tetanus? Yes or No

2. Allergies (please list):

Medications: _____

Food: _____

Other: _____

3. Any recent surgery? _____ If yes, what kind and when? _____

4. Any physical condition which would prevent full participation in all activities? _____

If yes, what? _____

5. Under a doctor's orders to take medication? Yes or No

If yes, please list all prescription medications student needs to bring to camp:

6. Is there anything else camp staff needs to know about physical condition?

Emergency Contact: _____

Phone Number for Emergency Contact: _____

I, the undersigned, recognize there are risks, including those of injury and even death, in the activities initiated and carried out under the auspices of Camp Lake Stephens. I freely assume those risks on my own and my child's behalf. I agree to release and hold harmless from liability the workers, and other employees and agents in the event of injury or death of my son(s)/daughter(s) (listed below), resulting from negligence or any other theory of liability while engaging in any camp activity. I agree to not make any claim or file any lawsuit against Camp Lake Stephens, its staff members, volunteer workers, employees and agents, for injuries or damages related to my child's participation in camp activities.

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Parent or Chaperone Initial: _____

I give my permission to Camp Lake Stephens to take images of my child to be used for the purposes of advertising Camp Lake Stephens. Photographs and video are also taken and uploaded to Facebook for parents/guardians to view. Other images may be taken and used by the camp for promotion and publicity purposes.

Parent or Chaperone Initial: _____

I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent or Chaperone Initial: _____

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS CONTRACTS RELEASES CAMP LAKE STEPHENS, ITS STAFF MEMBERS, VOLUNTEER WORKERS, EMPLOYEES, AND AGENTS, FROM LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Parent or Chaperone Signature: _____ **Date:** _____

Parent Cell #: _____