



PARENTAL/LEGAL GUARDIAN RELEASE

A completed and signed parental/legal guardian release must be received by Youth Outreach Ministry before the camper may participate.

Camper _____

Parent/Legal Guardian _____ Cell Phone (_____) _____

Home Phone (_____) _____ Work Phone (_____) _____

Camp Dates _____ Registration # (if known) _____

1. Does the camper have any medical/emotional/behavioral/physical conditions and/or any food/environmental allergies? (e.g. ADHD, ODD, ADD, anxiety, seizures, diabetes, peanut allergy, pollen allergy, etc.) Yes* No If "yes," please explain

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp? Yes* No If "yes," please note the types of medication

***If "yes" to either of the above questions (1-2), for the safety of your camper, a *Medical Release* form must be received in office prior to attending camp. The *Medical Release* form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the *Medical Release* has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer. *If left unchecked, option will be considered "no."*

- | | | |
|------------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Acetaminophen (Tylenol) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Calcium Carbonate (Tums) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diphenhydramine (Benadryl) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ibuprofen (Advil/Motrin) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auro-Dri (Swimmer's Ear) |

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper _____

I indemnify and save Youth Outreach Ministry, Inc.; Pensacola Christian College, Inc.; and its affiliates, employees, and agents harmless from any liability or medical payments resulting from my child's participating in this camp or other activities during his/her stay at Camp o' the Pines. I further understand that Youth Outreach Ministry, Inc., does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend the camp, to participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident, illness, or other situation that may require medical attention. I give permission for my child's picture to be used in future publications, including publication on PCC and its affiliates' web pages. Registration fee is nonrefundable and nontransferable. No refunds are available if a child attends any part of a week. I also understand that any camper who has a serious behavior problem or who is out of harmony with the spirit of the camp he is attending may be sent home.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Signature—Parent/Legal Guardian **Only**

Relationship to Child

Date