

PRESCOTT PINES CAMP

Medical Release

Required for each camper under age 18

Camper Name: _____ Camp Name/Date: _____

Family Insurance Company: _____ Policy Number: _____

Insurance Address/City/State/Zip: _____

Insurance Phone Number: _____ Primary Insured: _____

Health Problems to be aware of (known allergies, medication information & frequency, etc.). Attach additional pages if necessary:

(Guardian please read, sign & date the following)

1. I, the undersigned, hereby give permission for the above named child to attend the sponsored activity by Prescott Pines Camp.
2. I hereby give my permission for non-prescription medication and first aid treatment to be given to the child if deemed advisable by Prescott Pines staff. I also give permission for my child to be transported to the hospital or medical office by authorized vehicles.
3. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by Prescott Pines staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named child.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Guardian Signature: _____ Date: _____

Participation Agreement Required for all campers

Participant Name: _____ Activity(camp name)/Date: _____

Address: _____ Phone Number: _____

Please read, sign and date the following. (Guardian, please read, sign & date the following for children under 18)

I acknowledge that participation in the activity described above involves risk to the participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by Prescott Pines, the Arizona Baptist Convention, or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I agree to indemnify, defend and hold harmless, the Activity Sponsor for any damage caused by myself or my child and for any claims I or my child may bring against the Activity Sponsor.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Participant Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

Return completed form to

Prescott Pines Camp

855 E. Schoolhouse Gulch Rd, Prescott, AZ 86303

Fax to (928) 442-3199 or Email to registrar@prescottpines.org

PRESCOTT PINES CAMP

Medication & First Aid Authorization

_____ has my permission to receive the
Last Name First Name

following medications which have been checked below, and also may receive any needed basic **First Aid Treatment** while at Prescott Pines Camp.

- _____ Naproxen Sodium
_____ Tylenol
_____ Advil
_____ Cough Syrup / Cough Drops
_____ Allergy Medication (Benadryl – Antihistamines)
_____ Tums
_____ Pepto Bismal, Imodium
_____ Topical Cream or Lotions (i.e.: Sunscreen, Insect Repellant, Neosporin, Caladryl Lotion)
_____ Menstrual Meds
_____ Others (please list) _____

Does Camper have any allergies to any medications? If so, please list:

Prescott Pines medical staff has my permission to share pertinent patient information concerning my child with anyone who's directly involved with my child's care.

Parent/Guardian Signature: _____ Date: _____

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