

Youth Camp 2017 Medical Release Form

Student's Name: _____

Parent(s)/Guardian: _____ Emergency Phone: _____

Allergies: _____

Medical Conditions: _____

Prescription Medications: _____

Physician Name: _____ Physician Phone: _____

Insurance Company: _____

Insurance Company Phone: _____ Policy #/Group #: _____

I hereby give my permission for _____ to attend and participate in First Baptist Church's Youth Camp, July 17 through July 21, 2017 at Shocco Springs. We do hereby release, waive and discharge any and all liability whatsoever past, present or future, rising from any injury or damages whatsoever to my child or cause of action accruing or occurring to my child for any injury, damages or claim which occur or accrue during this trip. Further, we do agree that First Baptist Church may secure medical attention for health care for my child when in the opinion of the responsible church officials, such attention or care is desirable or necessary.

Signature of Parent/Guardian: _____ Date: _____

Notary Public: _____ My commission expires: _____

Camp Standards

The Student Ministry Staff desires for everyone to live according to certain standards during the week of camp as we strive to know God more. I understand that my actions affect others as well as myself. I will do my part to ensure that everyone has the best possible experience at camp. I will:

- Listen to God through His word and leaders.
- Abide by the order of camp outlined by the Student Ministry Staff.
- Respect Staff, Counselors and Shocco Springs Officials.
- Participate in all scheduled events and activities, and stay within designated boundaries.
- Avoid use of illegal substances (alcohol, drugs, tobacco)
- Dress in a manner that is God honoring.
- Use words and actions that benefit others. No negative language or practical jokes.
- Avoid private or public displays of affection.
- Have a good ATTITUDE.

Student's Signature: _____