

BFWC Fall Camp (October 20-23, 2021)

Medical/Civil Liability Release Form

I, (Guardian Name) _____ the legal guardian of (Student Name) _____, authorize Bethel Family Worship Center and/or its representatives, to care for the administration of general first aid treatment for any minor injuries received to the above said person(s) and/or child during any of the events or activities that they will be involved in throughout the Fall Camp Oct. 20-23, 2021.

If the injury sustained is life threatening or in need of emergency treatment, I authorize the leadership of Bethel Family Worship Center and/or its representatives to summons any or all professional emergency personnel to attend, transport and/or treat me and/or my child.

I understand that these activities will require the student or adult to make choices, keep a schedule and follow all rules. I also understand that my student or myself may NOT be under total supervision at all times.

I agree to release and hold harmless any staff and/or lay assistant of Bethel Family Worship Center, from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid the week of October 20-23, 2021, at Bethel Family Worship Center and while traveling to/from and while at Fall Camp.

Healthcare Information:

Does the participant have an insurance or Medicaid card? YES _____ NO _____

If you marked "YES" please provide a copy of both the front and the back of the current insurance card or Medicaid card for the month of camp.

Policy #: _____ Group #: _____

Last Tetanus Shot: _____

Please list any and all allergies (food, medicines, bugs, etc.):

Please list any and all medical conditions or activity limitations (special needs, etc.):

Over-the-Counter Medication(s) Authorization: The named participant above has my permission to take "TYLENOL," "ADVIL," and or "BENADRYL" as administered only by the camp nurse, as deemed necessary by the camp nurse, for fever, pain, swelling, etc. YES _____ NO _____

Signature of Guardian: _____ Date: _____

Guardian's Phone Number: _____