



CHRISTIAN CAMP & RETREAT CENTER

HIGH SCHOOL WINTER CAMP 2

February 12-15, 2010

Activity Permission & Medical Release Form

Parent Permission

My son/daughter, _____ has my permission to participate in activities at Cowboy's Rest Christian Camp in Jiggs, Nevada, from February 12-15, 2010. In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the registered camper named on this form. I also agree to pay for any fees incurred, and I understand that Cowboy's Rest and its staff will not be held responsible or liable for any related expenses.

Parent Signature

Date

Emergency Information

Camper's Name: _____ Age: _____ Grade: _____ Birth date: ____/____/____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Parent/Guardian Names: _____

Emergency Phone: (____) _____ If parent/guardian is not available, contact: _____

Phone: (____) _____ Emergency Phone: (____) _____ Relation to camper: _____

The camper's family insurance plan is the primary source of coverage for accidents.

Insurance Carrier: _____ Policy Number: _____

Holder's Name: _____ Social Security: _____

Family Physician: _____ Phone: _____

Date of last Tetanus shot: _____ Current Medications: _____

Allergies: _____

Any activity restrictions? _____

please see reverse

I give permission to the camp nurse to administer to my child any of the medications listed below, unless I specify otherwise. (Please initial each medication to indicate permission. Write in any allergies or preferences next to the medications.)

- _____ Acetaminophen (Tylenol) _____
- _____ Ibuprofen (Advil) _____
- _____ Tums _____
- _____ Benadryl (orally) _____
- _____ Benadryl (topical cream) _____
- _____ Cold Medication _____
- _____ eye drops _____
- _____ Neosporin _____
- _____ Oxygen (in case of emergency) _____
- _____ Epinephrine Pin (in case of emergency) _____

Camper Agreement

I, _____, will obey all directions and rules given by the Cowboy's Rest staff. If I break any rules, I understand that I could be sent home or not allowed to participate in certain activities during the remainder of camp.

Camper Signature

Date

Please detail any other important information or instructions for the camp nurse below.