

# Cowboy's Rest

CHRISTIAN CAMP & RETREAT CENTER

435 Jiggs Hwy #4 Spring Creek, NV 89815 ♦ (775) 934-9806 ♦ www.cowboysrest.org

## 2025 Activity Permission & Medical Release Form

Please complete and sign this form. You may mail it to Cowboy's Rest or bring it with you when you drop off your camper. We must receive this form in order for your child to participate and remain at Cowboy's Rest.

### Camper Agreement *(must be signed by camper)*

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

### Parent Permission *(must be signed by parent/guardian)*

My son/daughter, \_\_\_\_\_ has my permission to participate in activities at Cowboy's Rest Christian Camp in Jiggs, Nevada.

Dates Attending (please check one):

**January 17-20** (HS Winter Camp)

**June 23-28** (Youth Camp 1)

**June 30-July 4** (Kids' Camp 1)

**January 24-26** (JH Winter Camp)

**July 7-12** (Youth Camp 2)

**July 21-25** (Youth Camp 3)

**July 14-18** (Kids' Camp 2)

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: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

#### In case of emergency, please first attempt to contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ relation to camper: \_\_\_\_\_

#### Other emergency contacts:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ relation to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ relation to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ relation to camper: \_\_\_\_\_

### Insurance Information

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

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*please see reverse*

# Medical Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Activity restrictions? \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

## Medications:

Current Medications: \_\_\_\_\_

*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 category.)*

**Pain Relievers/Fever Reducers:** \_\_\_\_\_

\_\_\_\_\_ acetaminophen (Tylenol) \_\_\_\_\_ ibuprofen (Advil) \_\_\_\_\_ sodium naproxen (Aleve)

**Upper Respiratory/Allergy:** \_\_\_\_\_

\_\_\_\_\_ phenylephrine (Sudafed) \_\_\_\_\_ diphenhydramine (Benadryl) \_\_\_\_\_ guaifenesin (expectorant) \_\_\_\_\_ loratadine (Claritin)

**Digestive:** \_\_\_\_\_

\_\_\_\_\_ simethicone (Gas-X) \_\_\_\_\_ bismuth subsalicylate (Pepto Bismol) \_\_\_\_\_ calcium carbonate (Tums)

**Topical:** \_\_\_\_\_

\_\_\_\_\_ Benadryl cream \_\_\_\_\_ Neosporin \_\_\_\_\_ lubricating eyedrops

**Emergency (parent will be notified):** \_\_\_\_\_

\_\_\_\_\_ oxygen \_\_\_\_\_ epinephrine pen

## Additional Information for Camp Nurse:

**Additional Information for Counselor:** *(Is there anything you feel would be beneficial for your child's counselor to know? examples: family, emotional, behavioral, social, or sleep concerns; strengths or weaknesses; likes or dislikes. This information will only be seen by medical staff and the child's counselor.)*