

HEALTH HISTORY/RELEASE FROM ALL CLAIMS FORM

Courage 2019

Kentucky Woman's Missionary Union

attach
current
photo

Church Name _____

Church Contact Person _____

Home Phone _____ Cell Phone _____

THIS FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN OF EACH PARTICIPANT UNDER 18 YEARS OF AGE. CHAPERONES ARE ALSO REQUIRED TO COMPLETE THIS FORM. SIGNED AND WITNESSED FORMS MUST BE MAILED WITH THE CHURCH'S ACKNOWLEDGEMENT AND ASSURANCE FORM. ALL FORMS MUST BE POSTMARKED BY JULY 26.

Participant's Name _____ Lad _____ Crusader _____ Chaperone _____ Gender _____
First Middle Last

Social Security # (required in case of medical emergency) _____

Parent/Guardian or Spouse _____ Home Phone _____

Cell Phone _____

Address _____ Mailing address City State Zip Work Phone _____

In Emergency Notify _____ Address _____ Day Phone _____

Evening Phone _____

HEALTH HISTORY Check all that apply and give approximate date beside each item checked.

Disease

- Mononucleosis
- Frequent Colds/Sore Throats
- Sinusitis/Bronchitis
- Frequent Ear Infections
- Heart Defect/Disease
- Epilepsy/Seizures
- Bleeding/Clotting Disorders
- Diabetes
- Asthma
- Strep Throat

- Chickenpox
- Measles
- Mumps
- German Measles
- Whooping Cough
- Tuberculosis
- Polio
- Hypertension
- Stomach Problems
- Back or joint pain

Allergies

- Hay Fever, Etc.
- Poison Ivy/Oak/Sumac
- Insect Stings
- Penicillin
- Aspirin
- Other _____
- Food _____
- SUBJECT TO Sleep Walking

- Bedwetting
- Fainting
- Constipation
- Other _____

Recent Exposure to Contagious Disease _____

Operations or Serious Injuries (describe & give dates) _____

Are Immunizations up to date? _____ If no, explain _____

Date of Last Tetanus Shot _____ Date of Last TB Skin Test _____

Any Swimming or other Activity Limitations? _____

Any Special Medical or Dietary Regime to be continued? _____

Any Specific Activities to be encouraged? _____ Restricted? _____

Name of Family Physician _____ Address & Phone _____

MEDICAL INSURANCE

Insurance issued in the name of (cardholder): _____ Birthdate of cardholder: _____

Employer of cardholder _____ Cardholder SS # _____

Address of insured: _____
Street or Box City State Zip

Is this coverage for a dependent? ____ If so, give name of dependent: _____ Relationship _____

Name of Insurance Company: _____

Address of Insurance Company: _____
Street or Box City State Zip

Telephone Number: _____ Policy number: _____

Group number: _____

IMPORTANT - THE INFORMATION BELOW MUST BE INITIALED AND THE INFORMATION AT THE END OF THE FORM MUST BE COMPLETED FOR ATTENDANCE.

No. 1 Emergency Authorization

I hereby give permission to the medical personnel selected by the Camp Courage 2019 Director, Laurel Lake Baptist Camp Director or Assistant Director or his/her designee to order X-rays, routine tests and treatment for my child. In the event of an emergency and **I cannot be reached**, I hereby give permission to the physician selected by the Camp Courage 2019 Director, Laurel Lake Baptist Camp Director or his/her designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

Initial & Date

No. 2 Authorization for Travel in Camp Personnel Vehicle

In the event of a medical necessity not requiring ambulance transportation, I hereby give permission for my child (or me if I am a participant) to ride in the vehicle of the Camp Courage 2019 Director, his/her designee, or the Laurel Lake Baptist Camp Director or his/her designee provided the driver is at least 21 years of age, properly licensed, and insured.

Initial & Date

No. 3 Adventure Activities

Camp Courage 2019 will include certain elements of recreational adventure (swimming, archery, rope bridge, log sawing, running, etc.). I acknowledge my understanding of what these activities entail and give permission for my child to be a participant.

Initial & Date

No. 4 Release From All Claims

I do hereby release from all claims and forever hold harmless the directors, officers, agents, and employees of the Laurel Lake Baptist Camp, the Kentucky Baptist Convention, and the Kentucky Woman’s Missionary Union from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature incurred by my child under 18 years of age, or by me if I am a participant while attending Camp Courage 2019 at Laurel Lake Baptist Camp or during an activity related to that camp or event. **I understand my insurance will be considered the primary carrier. I further understand in the event no insurance is provided by the family, I shall be responsible for any medical expense.**

Initial & Date

No. 5 Participant Model Release (Permission to Use Camper Photos for Camp Advertising)

By signing this document the participant, or the parent/guardian of the participant, hereby gives the Laurel Lake Baptist Camp, Kentucky Baptist Convention, Kentucky Woman’s Missionary Union, its licensees, successors, legal representatives, and assignees, the absolute and irrevocable right and permission to use, reproduce, edit, exhibit, project, display, copyright, and/or publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant’s voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless the Laurel Lake Baptist Camp, the Kentucky Baptist Convention, the Kentucky Woman’s Missionary Union, its licensees, successors, legal representatives, and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting, or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Initial & Date

PARTICIPANT OR CUSTODIAL PARENT/GUARDIAN (If participant is under 18 years old.) MUST SIGN THIS FORM. THIS FORM MUST BE WITNESSED BY AN ADULT, 18 YEARS OF AGE OR OLDER

I have completed the above form and, to the best of my knowledge, it is true and correct, and my signature attached hereto attests to that fact and that I have also read, understand and agree to each numbered paragraph above.

Signature of Participant or Parent/Guardian **Date**

Witness **Date**
(18 years old or older)