

# Camp Kalos Medical Form

Name:

Age:

Allergies:

Medical Conditions:

Does Nurse have permission to give your child over-the-counter medications? **Y / N**

Parents:

Phone#

Phone#

Insurance Co.-

Policy#

In Case of Emergency Contact Name:

Relationship:

Phone#

Phone#

Does Camp Staff have permission to take your child to the nearest hospital in case of an emergency? **Y / N**

Are there any activities from which your child should be restricted for health reasons? **Y / N**

If Yes, please explain:

*We hereby for ourselves, or as parents, guardians, or executors and administrators, waive and release any and all rights and claims for damages for ourselves, or in any said capacities, may have against the Crieve Hall Church of Christ, the Bible Camp, any employees or volunteer workers or any others associated with the camp for any and all injuries or accidents suffered us, or said children, or wards as the case may be.*

**Signatures of BOTH Parents/ Legal Guardians:**

**Please list your childs medication, dose, and frequency on back of form!!!!**

(Administration times to be filled in by camp nurses)