

EMERGENCY CONTACT		MEDICAL PROCEDURES	
CAMPER NAME:		If a parent/legal guardian cannot be reached in an emergency, please notify:	
EMERGENCY CONTACT #1 (Name):		PHONE:	
EMERGENCY CONTACT #2 (Name):		PHONE:	
NOTE: Camp medical personnel will screen each camper upon arrival at check-in. In the event of illness (contagious and/or viral) or existing injury, camp personnel will be notified immediately.		Each camper will be screened for lice before being admitted to camp. If lice are detected no treatment will be administered by representatives of VA Camping Ministries; therefore, the camper will not be allowed to check-in. Legal guardian has the option to treat the camper off campus and return for a re-check within 24 hours.	

MEDICAL DATA	
Indicate recent illnesses, medical complications, surgeries, and any known allergies (bee, food, etc.) or physical limitations:	List the name, dose, and frequency of medication the camper takes on a regular basis:
Are there any specific activities that need to be restricted?	

MEDICAL INFORMATION	
POLICY HOLDER NAME:	I further understand that my medical insurance company will serve as the Primary Coverage.
INSURANCE CO:	All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.
POLICY NUMBER:	

CONSENT & RELEASE STATEMENT	
<p>Please read and initial each statement. Then, sign at the bottom.</p> <p>_____ I give consent for my child to participate in all activities at Virginia Camping Ministries.</p> <p>_____ I give consent for Virginia Camping Ministries to utilize any or all photographs and/or video footage taken of the camper or a staff member for promotional use or advertisement.</p> <p>_____ In the event that I or my child named above becomes ill or is injured while under the supervision of Virginia Camping Ministries, I authorize camp authorities to do the following: (1) Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions; (2) In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use the best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care; (3) By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.</p> <p>_____ Virginia Camping Ministries may provide first aid and basic nursing care to my child. The nurse may treat with the following medications: oral medications include: Acetaminophen (pain reliever) Diphenhydramine (allergy relief), Ibuprofen (pain/fever) Sore throat lozenges, Topical Medications, and treatments: itch relief, antibiotic ointment, bandages, muscle soreness, sunburn relief, pain relief spray, swimmers ear treatment, rash, and abrasion cream. I am attaching any special instructions regarding my child's allergies, medications, or specific needs, to this form.</p> <p>_____ I understand that my child must be free from COVID-19 symptoms. Should symptoms develop while in the care of Virginia Camping Ministries, my child will be separated from the rest of the people at camp. I will be contacted, and my child must be picked up within three hours of my being notified. I further voluntarily agree that Virginia Camping Ministries may monitor my child for symptoms of COVID-19 included by not limited to fever of 100.4* Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat, and muscle aches.</p> <p>_____ I will immediately notify Camp Management if I become aware of any persons with whom my child or I have had contact who exhibit any symptoms of COVID-19, are advised to self-isolate, quarantine, or has tested positive for COVID-19.</p> <p>_____ I VOLUNTARILY AGREE TO ASSUME ALL OF THE FORGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO PERSONAL INJURY, DISABILITY, AND DEATH) ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MY EXPERIENCE OR INCURE IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP, IT'S EMPLOYEES, AGENTS, AND REPRESENTATIVE, OF ANY FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES WHETHER COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.</p> <p>_____ In consideration of Virginia Church of God of Prophecy making available Virginia Camping Ministries and for the other benefits that I or my child receive, I do hereby release and discharge the Church of God of Prophecy, Virginia Church of God of Prophecy, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.</p>	

Parent/Legal Guardian/ Camper (age 18 and older) printed name _____

Signature _____ Date _____

Office Use Only

Amount Received \$ _____ Cash _____ Check # _____ Date Received _____ Balance Due \$ _____