

# Medical Release / Waiver of Liability Form

## Camp Beaverfork

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Campers Soc. Sec. # \_\_\_\_\_ Parent/Guardian Soc. Sec. # \_\_\_\_\_

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At camp with (church name)

Church Phone # \_\_\_\_\_ Pastors Phone # \_\_\_\_\_

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### Please answer all the following questions concerning the above listed camper:

1. Is your child allergic to:  
\_\_\_\_\_ Bee/Wasp Stings \_\_\_\_\_ Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Hay/Straw \_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other

If allergic to medications please list the name of the medications:

\_\_\_\_\_  
\_\_\_\_\_

2. May our medical personnel administer the following medications to your child if needed?  
Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Imodium \_\_\_\_\_ Advil \_\_\_\_\_ Mylanta \_\_\_\_\_  
Dramamine (for nausea) \_\_\_\_\_

3. Is your child bringing any medication with him/her? \_\_\_\_yes\_\_\_\_no.  
If yes what is the medication \_\_\_\_\_. **Medications will be administered by the Camp Staff. Your child must give his/her medication to the Camp Staff upon arrival to the camp.**

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? \_\_\_\_yes\_\_\_\_no. If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

5. Has your child ever had:

Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart disease \_\_\_\_\_ Other \_\_\_\_\_

6. Date of last tetanus shot: \_\_\_\_\_

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Please sign **ONLY ONE** of the following statements regarding insurance:

- 1.) I hereby give my consent to any emergency medical treatment necessary for my child resulting from an accident or illness. I accept financial responsibility and understand that my insurance will be billed before Brotherhood Mutual, which is the carrier for Camp Beaverfork.

Parent/Guardian Signature \_\_\_\_\_

- 2.) I hereby give my consent to any emergency medical treatment necessary for my child resulting from an accident or illness. I certify that neither I nor my family has any type of health insurance coverage.

Parent/Guardian Signature \_\_\_\_\_

Date of Camp Week Attending \_\_\_\_\_

**CAMP BEAVERFORK NO LONGER HAS PRIMARY PAY INSURANCE. WE CARRY SECONDARY, WHICH MAKES THE COMPLETION OF THIS FORM AN IMPERITIVE.**

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Please read and sign the below Waiver of Liability Agreement:

- 1) We, (I) on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless Camp Beaverfork / Arkansas Free Will Baptist, Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating at Summer camp.
- 2) I give permission for all pictures and video taken during the week of camp to be used by Camp Beaverfork in any media format including but not limited to print, video, social media and web for Camp Beaverfork and other publishing used by Arkansas Free Will Baptist, Inc,

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_