

Character Camp ~ Leadership Retreat 2019

MEDICAL/PERMISSION AND RELEASE FORM

CHILD'S NAME _____ SEX _____ BIRTH DATE _____ T-Shirt Sz. _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOM CELL NUMBER _____ DAD CELL NUMBER _____

MOM E-MAIL _____ DAD E-MAIL _____

IN EMERGENCY NOTIFY: _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

MEDICAL INSURER _____ POLICY # _____

IMMUNIZATIONS: TETANUS MENINGITIS VARICELLA MEASLES MUMPS RUBELLA

HEPATITIS A/B OTHER: _____

ALLERGIES List Allergen and Reaction <i>Ex: Peanuts- Shortness of breath</i> _____ _____ _____ _____	CURRENT MEDICATIONS List Name and Dosage <i>Ex: Zyrtec 5mg by Mouth Once Daily</i> _____ _____ _____ Has your child had a fever, illness or infection within the last 7 days? _____
--	--

MEDICAL HISTORY (Check all that apply)

Asthma Seasonal Allergies Eczema Kidney Trouble Diabetes Heart Trouble

Dizziness Stomach upset Other _____

Previous surgeries or serious illnesses _____

Special diet (name): _____

Childhood diseases: Chickenpox Measles Mumps Whooping Cough

Other (list): _____

RELEASE FOR PARTICIPATION, MEDICAL TREATMENT AND PHOTO

My permission is granted for Character Camp and its affiliates, including their chaperones and staff in charge to obtain necessary medical attention in case of sickness or injury to my child. I understand this is also an authorization for blood transfusions if deemed necessary by proper medical authorities.

I, the undersigned, do hereby verify that I am a custodial parent or legal guardian of the above named child and that the above information is correct and complete and I do hereby release and forever discharge all sponsors, Character Camp and its affiliates from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury to my child while my child is employed by or participating in any activities involving Character Camp and/or its affiliates. I understand all payments are final and no refunds will be given.

I hereby grant Character Camp permission to record and to use the likeness of my child named above in audio recording and both still and motion photography in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials are the property solely of Character Camp and will not be returned. I hereby irrevocably authorize Character Camp and its representatives to edit, alter, copy, exhibit, publish or distribute such audio recordings and photography for purposes of publicizing Character Camp's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the audio recording, photograph or video. I hereby hold harmless and release and forever discharge Character Camp and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or on behalf of my child have or may have by reason of this authorization.

Dated this _____ day of _____, 20____.

State of _____ County of _____

Custodial Parent/Legal Guardian Printed Name _____

Custodial Parent/Legal Guardian Signature _____