

# Ascent Camps 2012

## Permission and Medical Consent Last Initial

\_\_\_\_\_  
Last Initial  
**Camper Health Record**

**PLEASE NOTE:** This form is required for any participation in any camp. Without this completed form, your child will be unable to attend camp. Only one form per child is needed for all subsequent camps during this calendar year. The Health Form is also required for both overnight camps.

As parent or legal guardian, I hereby give permission for my child to participate in the following camp(s) at the dates and times listed:

_____ UPWARD BOUND Overnight Camp	June 3-8	OVERNIGHT CAMP	Grades 3-4 & 5-6
_____ SUMMIT Overnight Camp	June 10-15	OVERNIGHT CAMP	Grades 5-6 & 7-8
_____ UPBEAT Music & Drama Day Camp	June 18-22	9:00 a.m.-4:00 p.m.	Grades 3-7
_____ FUNtastic Primary Day Camp	July 9-12	9:00 a.m.-12:00 noon	Grades K-2

CAMPER NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE (NEXT FALL) \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Person who may pick up child \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Phone \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical condition or health problem that would affect your child's participation at camp \_\_\_\_\_

\_\_\_\_\_

Allergies to medication, foods, insects, or other \_\_\_\_\_

Penicillin or other drug reactions \_\_\_\_\_

Describe any dietary restrictions child is required to observe \_\_\_\_\_

List any medication child is currently taking \_\_\_\_\_

List any medications child will bring to camp \_\_\_\_\_

**COMPLETE BOTH SIDES**

**LIABILITY RELEASE (mandatory):**

In consideration of my child \_\_\_\_\_ being permitted to participate in 2012 Ascent Camps. I, the undersigned, in full recognition and appreciation of the risks and hazards of strenuous activities inherent in such a program, hereby understand that the First Presbyterian Church assumes no liability for any injury, harm, or damage done to my child or my property during this program. I hereby release the First Presbyterian Church from any liability for any injury, harm, damage related thereto, and understand there are risks to my child and property in my child's involvement in this program.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE (mandatory):**

I hereby give permission for my child to receive general first aid care while at camp. In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event that he deems such treatment necessary. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve First Presbyterian Church, its agents and employees from any and all liability resulting from their conformance with these instructions.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE (optional):**

During the course of one of these camps: UPWARD BOUND, Summit, Upbeat, and Funtastic sponsored by First Presbyterian Church, photographs may be taken to be used in one or all of the following ways: written Church promotions, advertising, Church web site, and / or audio-visual presentations. Identifying names will not be used. By signing below, you give permission for your child's photo or its likeness to be used in any of the above ways. Thank you for your permission.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL INFORMATION FROM PARENTS**

To more effectively meet the needs of each camper, please answer any questions that apply to your child. Please answer all questions that apply to the camp or camps that your child will be attending. All of the following information will be kept confidential.

CHILD'S NAME \_\_\_\_\_

Are there current family issues of which we should be aware? \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

What hobbies, activities and interests does your child enjoy? \_\_\_\_\_

What forms of discipline are most effective with your child? \_\_\_\_\_

Is there any other information that might be helpful to us? \_\_\_\_\_

**Overnight Camps Only**

Does your child wet the bed?: \_\_\_often \_\_\_seldom \_\_\_never (If often, be sure a plastic sheet and an ample supply of linens is brought with your child)

Does your child swim? \_\_\_\_\_ If yes, how well? \_\_\_\_\_