

PARENTAL CONSENT FORM

*This form is only for those participants who are under 18 years of age.

As a parent, or legal guardian, I have read all information concerning Camp Barnabas and give my child permission to be active as a participant at the camp. I understand that my child will be asked to participate fully in all activities and will be expected to abide by all the rules and policies of the camp. I have been advised of the nature and extent of the activities in which the participants may be involved while at Camp Barnabas.

I understand that Camp Barnabas is NOT responsible for the loss of clothing or personal property while my child is at camp. I agree to send all articles of clothing and personal property clearly marked with my child's first and last name.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, including death, which my child may suffer while taking part in Camp Barnabas or other activities associated with Camp Barnabas. I further understand and assume all risks associated in participating at Camp Barnabas.

Camp Barnabas has my permission to use pictures taken of my child and quotes for fundraising and publicity purposes. Consent is given to Camp Barnabas, its Directors, employees, agents and cooperating entities to use my name, picture, likeness, writings or biographical information or audio or video tape recordings of me for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Print Name of Minor (Under Age of 18): _____

Signature of Minor: _____ Date: _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent: _____ Date: _____



MEDICAL RELEASE FORM

Full Name: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Sex: _____ Age: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____ Cell #: _____

Insurance Company: _____ Policy #: _____

Member Name: _____

Medical Information:

Allergies (If none, say so): _____

Medication Taken on Daily Basis: _____

List any Health Conditions: _____

Date of Last Tetanus Shot: ____/____/____

Name: _____ has my permission to participate in all activities while in attendance at Camp Barnabas. I realize that Camp Barnabas does not have medical personnel on site to provide care to the participants and I therefore give permission to the Group Leader to select a facility to provide care to myself or my child in case of an injury or illness. I give the Group Leader permission to select a physician, approve the use of medication, X-rays, anesthesia and/or hospitalize my child in case I cannot be reached by telephone. I realize every effort will be made to reach me by telephone prior to administering non-emergency care to my child. However, if medical care is deemed necessary and the parent cannot be reached, I give permission to the group leader to act on my behalf and select the medical personnel necessary to provide care for my child. I have provided the following telephone numbers where I can be reached to discuss the care or medical needs of my child.

To the best of my knowledge, the information given on the Medical Release Form is Accurate.

Signature: _____ Date: _____

(Parent or Legal Guardian must sign if under 18)

