

PARENTAL PERMISSION /RELEASE/CONSENT FORM FOR 2022 SUMMER
CAMP at Camp ToKnowHim with CALLIE HARBIN BAPTIST CHURCH
(Effective JUNE 10-13, 2022)

t-shirt size _____

NAME: _____

DATE OF BIRTH: _____ GRADE: (22-23 school year) _____

PARENT(S)/LEGAL GUARDIAN(S): _____

Primary email address: _____

Primary phone number : _____

Home address : _____

Emergency contact person and number (if different from above): _____

PARENTAL PERMISSION

I hereby give permission for the above-named child to participate in activities at Camp ToknowHim with Callie Harbin Baptist Church. This includes all activities including travel and/or lodging) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning this event and that adults will adhere to Safe Church policy at all times. This permission shall only remain in effect for June 10-13, 2022

I hereby give permission for my child to ride in the charter bus designated by the church.

In addition, I understand that my child may be photographed or recorded on video during the course of camp. By initialing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.

Initials of Parent/Guardian: _____

Parent/Legal Guardian

Date

Please list any limits to activities for above named child: _____

What is your child's swimming level? (doesn't know how to swim, beginner, advanced) _____

MEDICAL RELEASE

Name of Child: _____ DOB: _____

Child's Physician: _____ Phone No.: _____

Allergies: _____

If your child has allergies, give any important details: _____

Does the child take any medication (prescription or non-prescription): _____

If yes, please list current medicine, dosage and frequency of dosage: _____

Can the child self-administer the medication: _____

If no, arrangements must be made with an adult in charge.

I give my child permission to administer his/her own medications _____

Parent signature

Child's insurance carrier and policy number : _____

Name of primary insured: _____

STATEMENT OF MEDICAL CONSENT

I, the undersigned parent/legal guardian of _____, do hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor in the case of an emergency, under the general or specific instructions of _____ (child's physician) or, if unavailable, two on-call physicians at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physicians to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

This consent is only effective during the time period of June 10-13, 2022. I understand that any and all medical expenses incurred are my responsibility and that there is not medical insurance coverage provided by Callie Harbin Baptist Church or Camp ToknowHim.

Signature of Parent/Guardian

Date