

This section **MUST BE SIGNED** in the presence of a NOTARY.
Please DO NOT sign before.

**CONSENT FOR MEDICAL TREATMENT
AND WAIVER OF LIABILITY.**

The undersigned, parents/guardians of _____
_____ a minor, do hereby consent for
said minor to attend Woodward's Northwest Nazarene Kid's Camp at
the Northwestern Baptist Campgrounds; Vici, Oklahoma on **July 28, 29
& 30, 2017**, and do hereby waive all claims against said person(s) of
any injuries that may be sustained by our said minor child and agree to
indemnify and hold said person(s) free and blameless from any liability
therefore.

We hereby consent and grant the Camp Director and Camp
Staff all rights and authority to act for us in any manner pertaining to the
care and control of said minor child named above during the above refer-
red to period of time. I understand that if an emergency arises, ef-
forts will be made to contact me.

In case of emergency, I hereby give permission to the physi-
cian, selected by the Camp Director and Camp Nurse, to hospitalize,
secure proper treatment for and order injection, anesthesia or surgery
for said minor child during the above referred to period of time. We do
hereby waive all rights to prosecution against said person (s) should an
accident in which our child involved occurs.

Parent or Guardian _____

Home Phone _____ Cell Phone _____

Insurance Co. _____ Policy # _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT & BACK

NOTARIZE:

Notary Public Signature _____

My Commission Expires _____

MEDICAL INFORMATION AND HISTORY

Doctor _____ Phone _____

Dentist _____ Phone _____

List any prescription or non-prescription medications your child is currently tak-
ing and the purpose for the medication.

****If you are sending medicine to Camp with your child: Please have it in a
ziplock bag, clearly marked with their name along with completed RX form
inside & instructions. This should not be packed in their luggage, but
given to whoever is in charge at check in to be given to the camp nurse.***

Describe any special dietary needs:

Circle the illnesses your child has had:

Mumps	Rheumatic Fever	Asthma
Fainting Spells	Chicken Pox	Diabetes
Whooping Cough	Appendix Removed	Measles
Convulsions	Heart Trouble	Hernia

Activities Statement

Has your child been on restricted activity? _____

If so, list below. I hereby give my permission for _____

To participate in all camp activities with the exception of the following:

(If there are no restrictions, please state "None")

Does your child have any special needs that we should be aware of?

Examples: Sleep walking, bed wetting, etc.

Parents or Guardian Signature x _____