

**2021 Laurelville Mennonite Church Center**  
**Medical Information and Release of Liability Form**

*To be completed by parent/guardian for campers 18 and under prior to participation in any camp activities.*

Mail to: Laurelville  
941 Laurelville Lane  
Mt. Pleasant, PA 15666

**Camper Information**

Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**In Case of Emergency**

If parent/guardian is unavailable, contact: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Information**

Date of most recent Tetanus shot: \_\_\_\_\_ (day/month/year)

Does the camper have any limiting physical disabilities or conditions (temporary or permanent)?

Yes  No *If yes, identify and explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies, especially allergic reactions to medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are they currently taking medication, prescribed or otherwise?  Yes  No *If yes, see back of form.*

**Please note:** ALL medications brought to camp must be in original containers. They will be kept and administered by the camp nurse. **Any prescription medications must be so directed in writing by a medical practitioner.** For any requests to administer medications, dosages must not exceed recommendations provided.

If the camper becomes ill at camp may the nurse administer age-appropriate over-the-counter medications such as acetaminophen, cough syrup, antihistamines, upset stomach medications?

Yes  No  Yes, but please see exceptions below

Please list any common medication brands/types that should NOT be administered to your child.

\_\_\_\_\_  
\_\_\_\_\_

**Prescription Medications**

Any prescription medications which are to be administered to a camper must be so directed in writing by a medical practitioner. For any requests to administer medications, dosages must not exceed recommendations provided.

Medical Practitioner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medications and instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Medical Practitioner Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Medical Permission Agreement**

I hereby give LMCC staff permission to assume responsibility for securing necessary medical care for the wellbeing of this camper as long as the camper is a participant in the LMCC program. In case of a sudden medical emergency, I give the LMCC staff permission to secure any needed medical or surgical care. I understand that LMCC and its staff are not responsible for any medical expenses incurred.

**Photo/Video Permission Agreement**

I give permission and consent for this camper to allow photographs and videos to be taken during camp session activities. I further give permission and consent that any such photographs and videos may be published and used by Laurelville Mennonite Church Center to illustrate and promote Laurelville.

Check here if you **do not** give permission and consent to the above Photo/Video Permission Agreement.

**Release of Liability**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to this camper entering into the above release and assumption of risk agreement, and for myself, my child, and our heirs, assigns, personal representatives, and next of kin, for the consideration stated hereinabove, and intending to be legally bound, do hereby agree to release, indemnify, and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in LMCC's programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and do agree TO ASSUME AND ACCEPT ALL RISKS associated with LMCC's programs. I do further certify that my child is in good health and has no known physical disabilities or health problems which will present any risk my child's participation in the program activities.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent/Guardian Name**