

2024 Laurelville Retreat 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