

EAST POINTE DISCOVERY CAMP PERMISSION FORM

Participant Name: _____ Grade: _____ Age: _____ Sex: M F

Home Phone: _____ Work Phone: _____ Cell: _____

Address _____ City _____ St _____ Zip _____

Emergency Contacts and Phone Numbers:

Name _____ Phone _____ Phone _____

Medical Profile

Generally, Participants Health is: (Check One) ___Excellent ___ Good ___ Fair ___ Poor

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis _____

Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ___ / ___ / _____

Family Physician _____ Phone(_____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission for Medical Treatment, Photography/Video Notice and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a participant or my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge East Pointe Church, camp or event sponsors and their employees from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify East Pointe Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp or event or while on property leased or owned by East Pointe Church. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: ___/___/___

Parent/ Guardian Signature _____ Phone () _____ Date: ___/___/___

Notary Acknowledgement (Notary: please affix seal to this form)

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purpose therein contained. Witness my hand this day of _____, 2010.

Notary signature: _____

My commission expires: _____