

2019 GCC Registration AND Medical RELEASE Form

Camper Name

Last, first

Church

Cabin

Please Print

Camper Name _____ Church attending with: _____

Birth Date _____ Grade Completed _____ Male _____ Female _____ Shirt Size _____

Church normally attended _____ Are you a Christian? Yes ___ No ___ Not Sure ___

School _____

Name of parent/guardian(s)

Contact 1 _____

Address _____ City _____ Zip _____

Contact 2 _____

Address _____ City _____ Zip _____

Phone Numbers: Best (Contact 1) _____ (Contact 2) _____

Other (Contact 1) _____ (Contact 2) _____

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. _____ (_____) Home _____ Work or cell _____

2. _____ (_____) Home _____ Work or cell _____

Vital Camper Information (If more space needed for vital information, please staple another sheet to back of this form.)

Please list any allergy: Environmental, Penicillin, other drug, and/or food reaction: _____

Are you sending medication to camp? ___NO___YES

If you are sending medication to camp, parents/guardians must complete the Administration Authorization Form and submit with this registration. This includes prescription and OTC medicine.

Dates of last immunizations: Tetanus _____ Diphtheria _____

Camper's Physician _____ Phone _____

(Only prescription or over the counter medication in the original container and properly labeled may be administered.)

CDIB? ___NO___YES If yes, Nation? _____

INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured _____ Address _____

Employer _____ Insurance Co. & Phone _____

Mail claim to: _____

Policy # _____ Group # _____ Cert. # _____

Signature of Insured

I hereby (do ___) (do not ___) give this church and/or Green Country Camp permission to give **over the counter medication** to my child. These may include, but are not limited to, Tylenol, Ibuprofen, Pepcid, Tums, or Benadryl. *I (do___) (do not___) need to be contacted before any medication is given.*

Signature of Parent/Guardian _____

I, _____, give my permission for _____ to attend camp with and will not hold this Church or Green Country Camp (Green Country Baptist Assembly) responsible for any accident that may occur. I also give permission for my child to receive medical treatment or attention in case of emergency or illness while traveling &/or while under the supervision of above referenced Church, sponsors, &/or camp staff. I further give full authority to this Church's staff & sponsors to discipline my child as may be deemed necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the sponsors have my permission to send my camper home after notifying me of their intention. I promise to pay the cost of the return trip should this action become necessary. *I expressly understand & acknowledge that during the course of the camp photographs &/or video footage of my child may be taken & I hereby give permission for such photographs or videos to be used on the camp website &/or for promotional materials for the camp.* ***** I also agree to check for head lice within 24 hours of attending camp.**

X _____ /2019 _____

Signature of Parent/Guardian

Date

Telephone Number

Green Country Camp
(918) 782-7097

PO Box 40
Disney, OK 74340

Parent/Guardian Medication Administration Authorization Form

This medication form must be completed for ALL medications to be given routinely or on an "as needed" basis to campers age 17 and younger. Medications will be kept in a secure location.

Prescription medications MUST be in their **original container** with directions for administration clearly printed on the label. Over the counter medication MUST ALSO be in original packaging with dosage directions clearly printed on label. DO NOT send loose pills in a zip-lock bag or pills set up in a medication dispenser. **All medications must be in original containers.** Thank you for your cooperation.

Name of camper _____ Age _____ Weight _____

Church name _____ City _____

Diagnosis or reason for medication and any specific instructions.

List of Medications

Medication	Dose	Times(s) to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/guardian signature _____ Date _____