

2020 GCC Registration AND Medical RELEASE Form

Please PrintCamper Name _____ Church attending with: **First Baptist Joplin**

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 _____ PO Box 40
(918) 782-7097 _____ Disney, OK 74340

Camper Name _____

Last, first

Church **First Baptist Joplin** Cabin _____

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 First Baptist Church of Joplin, Missouri City Joplin

Diagnosis or reason for medication and any specific instructions.

List of Medications

Parent/guardian signature **Date**