Waiver and Medical Release Form 2003

Please Print, Sign and Return to Braden Park Baptist Church Staff or Sponsor
4739 East 5th Street Tulsa, Oklahoma 74112.2716
Telephone: 918.834.3378

I, (legal parent or guardian) _____ agree that (youth) _____ may participate in the events sponsored by Braden Park Baptist Church. In consideration of participation in this event, I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, discharge, indemnify and hold harmless Braden Park Baptist Church, Tulsa, Oklahoma, its agents, servants and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL OR DENTAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD. Also, I understand that all rules and regulations for the camp/event will be enforced and any violation by my child will result in a call to me with a possible request to come and pick up my child with no refunds being given. I understand that this medical release may be kept on file for future events during the year and it is my responsibility to make any changes or corrections on a new form.

Name and phone number of Parent/Guardian in case of emergency: _____

List any dietary restrictions (please be very specific and concise): _____

Health History (check all that apply to the applicant):

___Fainting	___Stomach Problems	___Measles	___Kidney/Bladder Problems	___Hepatitis
___Tuberculosis	___Ear Problems	___Constipation	___Convulsions/Seizures	___Rubella
___Rheumatic Fever	___Broken Bones	___Diabetes	___Bronchial Problems	___Chicken Pox

Other: _____

If you checked any boxes above, please explain in detail:

_____

List any recent operation, illness or health condition:

_____

List current medication, including dosage and frequency:

_____

List restricted activities/disabilities:

_____

Check allergies: ___Bee Sting ___Penicillin ___Food ___Other
If you checked any of the above, please explain (how serious, which foods, etc.):

_____

Current family physician or family doctor (name and phone number):

_____

Health Plan (including number) and phone number for emergency referrals: _____

_____

Please use the space below to share any other concerns you have about your child:

_____ _____
Signature of Parent or Guardian Date

EMERGENCY CONTACTS:

Primary Contact: _____Relation to Camper_____

Daytime Phone: _____Evening Phone_____

Backup Contact: _____Relation to Camper_____

Daytime Phone: _____Evening Phone_____

INSURANCE POLICY:

Policy Holder's Name_____ Date of Birth _____ Relation To Student_____

Address_____Phone#_____

Insurance Company _____ Policy# _____ Plan#_____

Insurance Company _____

Address:_____Phone#_____