Dogwood Valley Baptist Church

Dogwood Valley Bible Camp

\*\*separate form must be completed for each child attending camp

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Church, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in your child(ren) riding the church bus on Sundays?

Yes, I would like for my child to ride the bus \_\_\_\_\_

Emergency Contact (if above cannot be reached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for the individuals listed below to pick my child up from camp. \*\*Valid photo ID must be presented prior to child’s departure from our facilities\*\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (food / drug / environmental): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogwood Valley Bible Camp does not have a nurse or a licensed lifeguard on staff.

First Aid will be administered under the supervision of your child’s camp counselor. Our facility will have several over-the-counter medications and first aid items available.

Medication WILL NOT be given without completion of this form.

All oral medications provided for first aid will be administered using age-based dosing.

I hereby authorize Dogwood Valley Bible Camp to administer the following medications / first aid to my child on an as needed basis:

\**oral medications* \**topical*

Tylenol \_\_\_\_\_ Sunscreen \_\_\_\_\_

Motrin \_\_\_\_\_ Aloe / After Sun \_\_\_\_\_

Immodium \_\_\_\_\_ Cortisone / Benadryl cream \_\_\_\_\_

Pepto Bismol \_\_\_\_\_ Neosporin \_\_\_\_\_

Tums \_\_\_\_\_ Peroxide (first aid antiseptic) \_\_\_\_\_

Benadryl \_\_\_\_\_ Isopropyl alcohol (first aid antiseptic) \_\_\_\_\_

 Calamine Lotion \_\_\_\_\_

\*\*my child is able to swim without an assistive device \_\_\_\_\_

\*\*If a swim aid or assistive device is needed (i.e. arm floats, puddle jumper, lifejacket, etc), it must be provided by the child’s parent or legal guardian. Dogwood Valley Bible Camp does not supply these items.

Medication Form

(including prescription and over-the-counter)

Please list any medications your child takes that you intend for he/she to receive while attending Dogwood Valley Bible Camp.

\*\*Prescription medications must be in the original bottle dispensed from the pharmacy (label must include child’s name)

\*\*MUST strength, dosage, and frequency of the medication.

\*\*Medications will be administered by your child’s camp counselor

1.) Drug Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Drug Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) Drug Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) Drug Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation Waiver / Acknowledgement of Risk

Dogwood Valley Baptist Church and Dogwood Valley Bible Camp are not responsible for damaged, lost, or stolen personal items. It is recommended that items of value not be brought to camp.

\*\*Use of personal cell phones will be limited and authorized at the discretion of your child’s camp counselor.

In order for your child to be allowed to participate in Dogwood Valley Bible Camp’s special activities (use of the swimming pool, inflatable equipment, playground equipment, etc), the parent / legal guardian on behalf of the participant, identified below, acknowledges, appreciates, understands, agrees, and is fully aware of the risks and hazards of camp activities and further agrees to the following:

1. I represent that I am the parent or legal guardian of the child named below and am able to execute this agreement on their behalf. I further represent that my child is healthy and physically able to participate in any and all recreational activities.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I acknowledge and understand that there are risks associated with participation in camp activities including but not limited to: pool activities, use of inflatables, and use of playground equipment. The risks include but not limited to: cuts, scrapes, burns, concussions, contusions, fractures, drowning, etc.
2. I, for myself, and the participant named, willingly assume the risks associated with participation and accept that there are risks that may arise due to other participants.
3. I agree my child and I shall comply with all stated and customary terms, safety signs, and verbal instructions as conditions for participation.
4. I understand that camp counselors reserve the right to restrict my child from any activity that they do not feel is within his/her physical capability.
5. I, for myself, and the participant named, agree to hold harmless and indemnify Dogwood Valley Baptist Church, Dogwood Valley Bible Camp, its pastor, church staff, church members, and adult volunteers from any and all accidents, injuries, liabilities, or damages from participation.
6. I understand that I will be notified in case of an emergency. However, in the event that emergency services personnel must be contacted for an injury, I authorize camp staff / volunteers to make this medical care decision on behalf of myself and my child. Dogwood Valley Baptist Church and Dogwood Valley Bible Camp will not be responsible for medical expenses incurred solely on the basis of this authorization.
7. I am of physical ability and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR USE BY DOGWOOD VALLEY BIBLE CAMP REGISTRATION STAFF

\*\*checked in by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_