Virginia Baptist Music and Worship Arts Camp Medical Release and Permission Form

Effecti	ive dates:	to					Page 1 of 2
Please	print in ink						
Name:	LAST	FIRST	MIDDLE		Age	Birthday	
Year ir	n school	🛚 Male	☐ Female	Email _			
Addres	ss		_City		State	Zip	
Phone				Pager / ce	II		
Medica	al insurance company –			— Policy #—			
Mother's name				_Phone: Ho	me	Work	
Father's name				_Phone: Ho	me	Work	
Emergency contact				_Phone: Ho	me	Work	
Physician				_Office phone	e		
Dentis	t			_Office phon	e		
Medi	cal History						
weakn aware,	essary, describe in detai ess, limitation, handica , and what, if any action is form. Include names	o, disability, or co of protection is r	ondition to wh equired on ac	ich your child count therec	d is subject a of. Submit this	nd of which the staff s	should be
Check	the following areas o	f concern for th	is student. I	f necessary,	add another p	page with details:	
1. For	your child's safety and ☐ good swimmer			nt a— non-swimme	er		
2. Doe	es your child have allerg pollens	ies to— ☐ medication	s 🚨	food	☐ insect bit	es	
3. Doe	es your child suffer from asthma frequently upset sto	□ epilepsy / s		er	ed currently fo ☐ heart trou		
4. Date	e of last tetanus shot: _						
5. Doe	s your child wear	☐ glasses		contact lens	es		
6. Plea	ase list and explain any	major illnesses th	ne child expe	rienced durin	g the last yea	r:	
	Additional comments:						
	Should this child's act	ivities be restrict	ed for any rea	ason? Please	e explain:		

For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco

No young person may leave the grounds without permission, and only with a chaperone

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No fighting
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

			nealth, and permission to partions and code of the cod	
Student signature:			Date:	
If you desire to limit y		n in any event, please submit j	nball, volleyball, concerts, Bible your wishes in writing to the ch	
		has my	permission to attend all activiti	es
	NAME OF STUDENT	·		
•		NAME OF ORGANIZATION		· (norollianor the
"Church") from	to_ Date	DATE		
and its staff of any lia I/We the undersigned to attend events being or athletic event, and and all liability for any involvement. In the exmedical treatment as and/or hospital persor demands, or suits for ultimately responsible health insurance providate and will, to the bimy/our child home at member.	bility against personal have legal custody of gorganized by the Chulwe hereby release the injury, loss, or damagivent that he/she is injury deemed necessary by nnel designated by the damages arising from for the cost of any medider. Further, I/we affir est of my/our knowledgmy/our own expense serious processes and the cost of any medider.	I the student named above, a rurch. I/We understand that the ne Church, its pastors, employ ge to person or property that moved and requires the attention of a licensed physician. In the extreme consent, I/We agree to hold so the giving of such consent. I/We dical care should the cost of the that the health insurance in the students.	minor, and have given our concre are inherent risks involved ees, agents, and volunteer wo ay occur during the course of of a doctor, I/we consent to are event treatment is required from uch person free and harmless. We also acknowledge that we that medical care not be reimb afformation provided above is a dent named above. I/we also a demed necessary by the music Date:	sent for him/her in any ministry orkers from any my/our child's my reasonable maphysician of any claims, will be oursed by the ccurate at this gree to bring ministries staff
Signature				
STATE OF VIRGINA CITY/COUNTY OF	:			
Acknowledged, subscribed ar	nd sworn to before me on	, 20		
	(Notary Public))		
	My commission	n expires:	-	
	Notary Registra	ation Number		