Kimball Memorial Lutheran Church HS
Mission Trip Medical Release Form

Child's Name:
First Last

Date of Birth: **Age**:

Gender: Male, Female **Grade Completed**:

Household

Home Address City State Zip

Parent/Guardian 1

Name:

Email:

Home Phone	
Cell Phone	

Parent/Guardian 2

Name:

Email:

Home Phone	
Cell Phone	

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

Registration Information

Dates of Camp: **Which Week of Camp is your child attending**

General Information/ Allergies & Dietary Restrictions (We are a peanut free facility)

List allergies (non-food) and state reaction:

Dietary Restrictions

Does your child have any dietary restrictions or food allergies? Yes No

Please Explain:

Medications and Treatments

Will your child be taking any medications while at camp? Yes No

First/Last Name: _____ DOB: _____

Medication Label	Dosage	Frequency	**Schedule** (indicate which times of day to give)	**Notes** (Please explain the reason for the medication and any notes about giving this to your child.)

Are there any over-the-counter medications that your child CANNOT have? _____

Health History

Has your child experienced, or is currently experiencing, any of the following conditions? Be sure to fully explain any conditions currently experiencing.

Condition	Yes/No	Explanation	Condition	Yes/No	Explanation
Can Camper Participate in all camp activities?			**Has camper had a life event that might affect their week at camp?**		
Respiratory Ailments			**Skin problems**		
Seizures			**Bedwetting/sleepwalking/nightmares**		
Passed out/chest pains			**ADD/ADHD**		
Had a head injury			**Emotional/behavioral/eating disorders**		
Fainting/dizziness			**Had serious injury, been hospitalized**		Include dates
Digestive issues			**Had any operations**		Include dates-
Diabetes			**Back/joint problems**		
Frequent headaches			**Is there any other medical information we should have about your child?**		
Chronic Illness					

Health Insurance

Do you have medical insurance? ☐ **Yes** ☐ **No**

Full name of policy holder:

Policy holder phone number:

Employer name (if insured through company):

Insurance company/plan name:

Insurance company phone number:

Insurance group name or number:

Medical Waiver

PERMISSION TO TREAT: The person this registration is for has permission to engage in all camp activities except as noted. I hereby give my permission to Kimball Memorial Lutheran Church to give and provide first aid, administer prescribed medications and seek emergency medical treatment if needed. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange related transportation for me/my child. In the event that I or the emergency contact cannot be reached in an emergency I hereby give permission to the Health Care Provider selected by the camp to secure and administer treatment, including hospitalization, for the person named in this form. This completed form may be printed/copied for trips off camp. PARTIAL WAIVER AND RELEASE OF LIABLITY: I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY INC. FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS TH DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

KIMBALL MEMORIAL LUTHERAN CHURCH. PARTIAL WAIVER AND RELEASE OF LIABILITY AND
PARENTAL CONSENT READ CAREFULLY BEFORE SIGNING

In consideration of Kimball Memorial Lutheran Church. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of Kimball Memorial Lutheran Church for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, playground activities). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge Kimball Memorial Lutheran Church, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Kimball Memorial Lutheran Church, and its respective agents and employees. I further waive, release and discharge Kimball Memorial Lutheran Church for any claim arising from participation in any program, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Kimball Memorial Lutheran Church., or its agents.. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY, INC., FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

Parent/Guardian Signature: **Date:**

(Form can be signed by camper if the camper is 18 years of age or older. Signature is required in order to attend camp