

NORTH CENTRAL OHIO DISTRICT CHURCH OF THE NAZARENE

Date: _____ Camp Dates: _____ Camper's Name: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

1. Name/Relationship: _____

Phone: home (_____) work/cell: (_____)

2. Name/Relationship: _____

Phone: home (_____) work/cell: (_____)

MEDICAL RELEASE

Birth Date: _____ Gender: _____ SS#: _____

Insurance Company: _____ Plan/Policy #: _____

Phone Number for Proof of Insurance Coverage: _____

(Photocopy of insurance card MUST be stapled to the back of this form)

Medication allergies: _____

Other allergies: _____

Special concerns: _____

Helpful information: _____

EMERGENCY MEDICAL AUTHORIZATION

The above named camper has my permission to receive any necessary x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the above named minor under the general and special supervision and on the advice of any physician or surgeon properly licensed to practice in their state, when need for such treatment is immediate and when efforts to contact me are unsuccessful, while participating with the North Central Ohio District Church of the Nazarene NYI within the period of this camp. I also understand that the district has adequate insurance coverage for all district--sponsored youth events, and that this insurance acts as 'secondary' insurance to my family/personal insurance, which is the 'primary'.

X _____

Parent /Guardian Signature

Date

PERMISSION FOR DRUG DISPENSING

_ I give permission for district adult leaders to dispense the following medication(s) and dosage(s) to my teen. I also give them permission to dispense additional non-prescription medication as they feel it is appropriate and necessary. I release North Central Ohio NYI adult leaders and the North Central Ohio Church of the Nazarene from any liability resulting from dispensing medication to my child as long as these instructions are followed and usual/customary decisions are made.

_ I do NOT give permission for my teen to receive any drug or medication.

List of all medications/drugs (prescription and non-prescription) being brought/sent:

X _____

Parent /Guardian Signature

Date