

# Ozark Christian Camp

## Parent/Guardian Agreement and Medical Release Form

Note: This form must be completed by a parent or guardian for each child, under the age of 18, who is attending camp unaccompanied by the parent or guardian. It must be returned with the child's registration form. **It must be signed by both the parent and the child!**

### Agreement Statement

By signing this agreement, both the parent and child are affirming that the child will abide by all camp rules and regulations; will attend all sessions unless sick; will respect the person and property of other campers; and will cooperate with camp directors and with the counselor(s) of the child's age group. **In the event the child refuses to abide by this agreement, the parent or guardian may be called and asked to come and take the child home immediately.**

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

Child will arrive \_\_\_\_\_ (day) by \_\_\_\_\_ (car, bus, etc)

Check the box below if your child is being accompanied by an adult other than the parent/guardian and specify the name of that adult.

Name of person accompanying child: \_\_\_\_\_

### Medical Release

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Medical Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

My child is currently taking the following medications (include dosage information): \_\_\_\_\_

I give permission for the camp director or representative to use the following medications (appropriate age/weight dosage) if needed: antibiotic ointment, Tylenol, Motrin, antacids tablets. (Cross out any medications you do not want your child to have.)