



CAMP CONSENT and MEDICAL FORM

NAME OF CAMPER

FIRST NAME

■ _____

LAST NAME

■ _____

CAMPER DATE OF BIRTH

MONTH / DAY / YEAR

■ _____

GENDER

MALE

☐

FEMALE

☐

ADDRESS

STREET

■ _____

STREET cont.

■ _____

CITY

■ _____

STATE

■ _____

ZIP CODE

■ _____

MEDICAL INFORMATION

Does your child have special instructions for medical treatment?

If yes, please explain including the medication

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Does your camper have or had Asthma, Kidney Disease, Diabetes, Heart Murmur, Seizures, Hay Fever? Please explain below

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CONSENT AND AUTHORIZATION

I, the undersigned, hereby declare and affirm that:

I am the parent/legal guardian of the youth named above (hereinafter referred to as "Child"), who is under my care and responsibility.

I hereby consent and give authority to the participation of my Child in the scheduled activities of Powerlife Student Camp, and all other activities which is supervised and associated with Powerlife Camp.

I hereby declare and affirm that my Child is physically fit to take part in the Camp's activities and my Child has no known illness or adverse medical condition that would render him/her unfit to participate therein, other than the information specified in the medical information above.

I shall immediately advise the organizers in writing, should I discover any illness, adverse medical condition, or any other physical defect that would render my Child unfit to participate in the recreational and sporting activities of Powerlife Camp.

I shall notify the organizers immediately in case I revoke my consent to Powerlife Camp for this event.

AUTHORIZATION FOR MEDICAL TREATMENT

I understand that in case of medical emergencies involving my Child, I shall be notified right away.

In case any of my provided contact information is unreachable, I authorize the organization and church that brought my child to call the doctor indicated below.

In case that the doctor is not available, I authorize Powerlife Camp to call any doctor to provide the necessary medical attention to my child.

I understand that Powerlife Camp shall not be responsible, and shall be reimbursed, for any medical expenses incurred by them over this authorization.

PARENT/GUARDIAN SIGNATURE

■ _____

NAME OF PARENT / GUARDIAN

FIRST NAME

LAST NAME

■ _____

■ _____

CONTACT NUMBER(S)

PRIMARY NUMBER

SECONDARY NUMBER

■ _____

■ _____

NAME OF PRIMARY DOCTOR

FIRST NAME

LAST NAME

■ _____

■ _____

PRIMARY DOCTOR NUMBER

DOCTOR NUMBER

■ _____

I, the undersigned, have read and agree to the consent and medical form for Powerlife Camp

PARENT/GUARDIAN SIGNATURE

■ _____

DATE SIGNED

■ _____



3012 Preserve Landing Dr
Jacksonville, FL 32226