

YOUTH MEDICAL RELEASE/PERMISSION FORM

Name _____ Phone _____

Address _____ Birth date _____

City _____ Zip _____ Sex F M Grade _____

Social Security # _____ E-Mail address _____

To Whom It May Concern: I, _____, parent or guardian of _____ do hereby request that the above named child/youth be permitted to attend the _____ on the date/dates of _____. I agree and consent to having the staff members and counselors, under whose auspices the program is conducted, and any other worker in the program to secure any emergency medical care or treatment that may be necessary for my child/youth during the entire outing, including the trip to and from their destination. I further release the camp director, staff, the Lake Brownwood Christian Retreat, and the Central Area of the Christian Church in the Southwest from responsibility and liability for any accident or illness occurring during the event.

SIGNATURE OF PARENT/GUARDIAN _____

Relationship to participant _____ Date _____

Do you have hospitalization insurance? Yes No Policy # _____

Name / address of insurance company _____

EMERGENCY #: Home _____ Work _____ Other _____

Please complete the following as it applies to your child/youth:

ALLERGIES:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Bee or insect stings | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Sulfa or other drugs | <input type="checkbox"/> Poison Ivy/Oak | |
| <input type="checkbox"/> Tetanus shots | <input type="checkbox"/> Hay Fever | |

HAS HISTORY OF OR UNDER CARE FOR:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Tonsilitis | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Nervous disorder |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Athlete's foot |
| <input type="checkbox"/> Stomach Ulcer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia |

Other _____

Adult Sponsor: _____

Church Name: _____ City: _____

COVENANT OF CONDUCT

Youth are expected, during the event, to:

- Participate fully in all scheduled activities
- Honor and abide by all LBCR and event rules
- Be present for the entire event
- Not make or receive telephone calls
- Be accountable to the adult leaders of the event - Directors, Counselors, Staff
- Live a disciplined, Christian lifestyle in community with others and refrain from language, jokes, clothing, activities that are off-color, prejudicial, or non-Christian

The Discipline Management Plan is as follows:

- 1st Offense: The camper will be given a warning and will be assisted in correcting the problem.
- 2nd Offense: Director and Staff member will discuss the problem and suggest disciplinary action to be taken. Corporal punishment is not an option. Privileges withheld are the norm.
- 3rd Offense: Director will call Area Minister, minister of the camper's sponsoring church, and the camper's parents/guardian to make arrangements for the youth to leave camp.
Immediate send-home offenses include:
 1. Use of illegal drugs or alcohol
 2. Possession of guns or weapons
 3. Irresponsible behavior that places self or another in danger

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I UNDERSTAND THE COVENANT OUTLINED ABOVE, AGREE TO THE TERMS OF THE DISCIPLINE MANAGEMENT PLAN, AND ACCEPT MY ROLE IN THEM.

Camper _____ Date _____

Parent/Guardian _____ Date _____

Minister _____ Date _____