

Peachtree Corners Baptist Church
Beach Camp 2023
Medical Authorization, Release and Agreement

Student's Name: _____

In consideration for the above-named Child(ren) being allowed to participate in Beach Camp 2022 hosted by Peachtree Corners Baptist Church, Inc. ("PCBC") at 4480 Peachtree Corners Circle, Norcross, GA 30092, I on behalf of myself, my spouse, my Child(ren), my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

I hereby authorize PCBC and its officers, directors, pastors, elders, deacons, representatives, assigns, volunteers, employees, insurers, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as the "PCBC Parties") to administer first aid, to obtain the services of a licensed physician, and to arrange transportation to a medical facility in case any of the Student(s) becomes seriously ill, injured or requires immediate medical attention. I hereby grant permission for the PCBC Nurse or trained designate to administer over-the-counter medications, including but not limited to: Tylenol, Ibuprofen, phenylephrine, Claritin, Tums, Benadryl, Anti-Itch Cream, Delsym, Visine eye drops. I authorize any attending physician to render any treatment that they deem necessary for the welfare of the student(s).

I further understand that my student will be transported in equipment owned, leased, or rented by Peachtree Corners Baptist Church. I assume responsibility for any costs incurred as a result of any such transportation and/or medical services provided to my student(s). I certify that the student(s) are covered by medical insurance.

I HEREBY WAIVE AND RELEASE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, THE PCBC PARTIES FROM ALL DAMAGES, JUDGMENTS, LOSSES, COSTS, LIABILITIES, EXPENSES, AND ALL OTHER CLAIMS ARISING FROM OR RELATING TO MY CHILD(REN)'S PARTICIPATION IN THE EVENT, WHETHER ARISING IN CONTRACT, TORT, AT LAW, IN EQUITY OR OTHERWISE, EXCEPT THAT SUCH AGREEMENT TO RELEASE, INDEMNIFY AND HOLD HARMLESS SHALL NOT APPLY AS TO ANY INDIVIDUAL PCBC PARTY TO THE EXTENT OF SUCH PCBC PARTY'S GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.

I further grant PCBC the right to take photographs, videotape, and/or record my student(s) and to use their name, face, likeness, voice, and appearance and to display same solely for the private use of PCBC.

I further certify that I am the parent or legal guardian of the student(s) or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the student(s).

I/We acknowledge that I/we have read and understand all aspects of this document in its entirety. I/We agree that our signatures indicated below should be accepted as binding. Both parents' signatures are preferable, but only one parent's signature is required.

Please sign to indicate agreement of terms and conditions listed above

Parent Signature

Date

2023 MEDICAL RELEASE – Part 1

Each student and adult must completely fill out and keep current the information below.

Child's Full Name: _____

Mother/Guardian's Name: _____

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Father/Guardian's Name: _____

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION (Other than parent)

Name: _____ Home Phone: _____

Relationship to Child: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Relationship to Child: _____ Cell Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy No.: _____

Verification Phone #: _____ Group No.: _____

Name on Ins. Card: _____ Physician's Name: _____

Physician's Address: _____ Phone: _____

MEDICAL HISTORY

Asthma Yes No

Diabetes Yes No

Sleepwalking Yes No

Frequent Nightmares Yes No

Heart Condition Yes No

Seizures/Convulsion Yes No

Operations/Serious Injury Yes No

Skin Conditions Yes No

If you answered "Yes" to any of the above, please explain: _____

Physical concerns, limitations or disabilities: _____

Current Medical Problems: _____

Has your child ever been diagnosed or treated (inpatient or outpatient) for a psychiatric, psychological or behavioral condition? Yes No

Please check all that apply now or in the past:

Depression Yes No

Anxiety Yes No

Eating Disorder Yes No

Autism Yes No

ADHD/ADD Yes No

Substance Abuse Yes No

Bipolar Yes No

Schizophrenia Yes No

Behavioral Disorder Yes No

Self-Injury/Injury to Others Yes No

Suicidal Thoughts or Statements Yes No

Other Yes No

If you answered "Yes" to any of the above, please explain: _____

2023 MEDICAL RELEASE – Part 2

Each student and adult must completely fill out and keep current the information below.

ALLERGIES AND MEDICATIONS

Medication / Food / Insect Allergies: _____

Does your child have an EPI PEN? Yes No Dosage: 0.15mg 0.3mg

Does your child take any prescription, over-the-counter (OTC), herbal medications, vitamins or essential oils? If YES, list **ALL** medications and the reason for taking them:

<u>Current Medications</u>	<u>Dosage</u>	<u>Schedule & Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other issues/conditions not listed above: _____

MEDICAL AND LIABILITY RELEASE

I/We, _____, the parent(s) of _____ do hereby give over and release unto the staff and chaperones of Peachtree Corners Baptist Church of **all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of my aforementioned child.** This authorization shall authorize any and all medical treatment by licensed medical personnel, pursuant to the express authorization, whether written or oral of the above-mentioned representatives. Unless expressly revoked, this authorization including any updates shall be effective for all PCBC events that begin within the year dated and signed below. **I hereby grant permission for the PCBC Nurse or trained designate to administer over-the-counter medications, including but not limited to: Tylenol, Ibuprofen, Pseudophed, Claritin, Tums, Benadryl, Anti-Itch Cream, Delsym, Visine eye drops.** I hereby release Peachtree Corners Baptist Church, its staff, chaperones, and volunteers, from any and all claims and liabilities of whatsoever nature, both individually and collectively, that may arise from my child's participation in this event. I/We understand that I/we will be financially responsible for any medical costs incurred in the emergency treatment and/or transportation of my child.

Transportation and Property: I/We further understand that my child will be transported in equipment owned, leased, or rented by Peachtree Corners Baptist Church. I/We understand that I/we are financially responsible for any damage caused by or in part by my child. This includes all private and public property.

Promotional Release: Peachtree Corners Baptist Church has my permission to use any photographs/video of the above-named child for brochures, videos, advertising, web page and other promotional items. I/we further understand that these photos/videos will only be used for PCBC promotional purposes. I/We acknowledge that I/we have read and understand all aspects of this document in its entirety. I/We agree that copied representations of our signatures should be accepted as binding. Both parent signatures are preferable, but only one parent signature is required.

Parent/Guardian Signature: _____ Date: _____

Printed Parent/Guardian Name: _____

A copy of your health insurance card must accompany this form for your registration to be complete.