

2010 Pacific NW Lutheran Brethren Bible Camp (LBBC)

EMERGENCY CONTACT AND MEDICAL RELEASE FORM (One Form per Family. This Form must be signed.)

In case of an emergency, I hereby give permission to the physician chosen by the Camp Board or Staff of the LBBC to secure treatment, hospitalization, order injections, anesthesia, or surgery for my child/children. I authorize Camp Staff to dispense non-prescription medication (ibuprofen, acetaminophen, Benadryl, etc.) to my child, (list names) _____

Emergency Contact _____ Phone #: _____

Contact person at Camp: _____

Special Needs/Allergies: _____

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____

ADMINISTRATION OF PRESCRIPTION MEDICATION FORM

- All prescription medications* must be checked in and dispensed by Camp Nurses and the Authorization below must be completed and signed by a Parent/Guardian.
- A separate form must be completed for each Camper requiring prescription Medication.
- * Inhalers: If to be self administered by camper, a parent/guardian must initial here _____

Camper's Name: _____

Physician's Name: _____ Phone # _____

Medications: [Name, Dosage, Time(s) to be given, Method of Administration, Storage Instructions]

- Any other special requirements or needs (INCLUDE ALLERGIES): _____
- I certify that a valid health reason exists requiring that the medication be administered while attending the Lutheran Brethren Bible Camp (LBBC).
- I request and authorize that the above named camper be administered the above identified medication in accordance with the instructions indicated.
- I certify that I am the parent/guardian in legal control of the above named camper.
- I have read this form. I request and authorize staff of LBBC to administer the medication prescribed.
- The medication will be furnished by me, in the original prescription container.
- I understand that my signature indicates that the LBBC accepts no liability for untoward reaction when the medication is administered in accordance with the instructions/directions provided.
- I also agree that because of the camp's schedule and other responsibilities of camp staff members, it is permissible for dosage or dosages to be delayed or missed.
- You have my permission to communicate freely with the above named physician.
- I understand that Warm Beach Christian Camps and Conference Center is in no way involved with this medication administration and I agree to hold them harmless regarding such administration by LBBC staff.

Signature is required to dispense any prescription medications.

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____

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WAIVER OF LIABILITY AND RELEASE FORM

(List all Camper's names)

Camper's Name (Last, First)	Age	M/F
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

This completed form is required in order to be eligible to participate in the camp's recreational activities.

Please read the following carefully.

If you have any questions, have them answered **before** signing this document.

In consideration of being permitted to participate in the recreational activities available during the Lutheran Brethren Bible Camp, held at the Warm Beach Christian Camp & Conference Center, in full recognition and appreciation of the dangers and risks inherent in such activities, I do hereby waive, release, and forever, discharge Warm Beach Christian Camp and Conference Center and the Lutheran Brethren Bible Camp, their officers, agents, volunteers and employees from and against all claims, demands, action or cause of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation is voluntary. I hereby agree to comply with all rules and regulations. I assume full responsibility for any injuries or damages resulting from my participation in these activities, including responsibility for using reasonable judgment in all phases of participation of the program. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I understand that it is my responsibility to notify the appropriate person should an injury occur.

I acknowledge that I have read and understand this entire Waiver of Liability and Release Form, and I am legally bound by it.

This Waiver of Liability and Release Form is valid for the Campers whose names are listed above.

Parent/Guardian (or the Participant, if over 18 years of age) must sign this form.

Please print and sign your name. Be sure to include the date signed.

Printed name ⇨ _____ Date: _____

Signature ⇨ _____