



Do **not** send this form to the office! This form **MUST** be in the possession of any driver of minors and accompany each child/youth to the event.

Transportation, Medical, & Photo Releases, & Covenant



This form is required for everyone under 18, even if parents are transporting their own children, to ensure everyone's safety and well being. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for your child's welfare.

Child/Youth Name: _____
(First) (Last) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: _____

The following persons have my permission to transport the above named minor

to and/or from _____ on (dates) _____.

I further grant permission to the person(s) listed below to act as my agent(s) while transporting my child, in authorizing any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act.

(The above to occur only after reasonable efforts to contact the undersigned have been unsuccessful).

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

In the event of an emergency evacuation from camp, campers will be transported to safety by camp staff.

Please note that all persons transporting minors must be at least 21 years of age.

Person driving my child to the event: _____
(Name) (Cell Phone)

Person driving my child home from the event: _____
(Name) (Cell Phone)

***** Please be aware the adult transporting your child home from the event must be prepared to present a photo ID before staff will release them into their care. *****

Custodial Parent/Legal Guardian Signature _____ Date: _____

Printed Name _____

Health & Medical Release

This form is required for everyone under 18, to ensure everyone's safety and well being. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for your child's welfare.

Child/Youth Name: _____
(First) (Last) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: _____

HEALTH INFORMATION: Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Eye Doctor: _____ Phone: _____

Glasses prescribed? _____ Worn? _____ Contact lenses worn? _____

Accident/Health Insurance Provider: _____

Policy Number: _____ Phone: _____

Date of Last Tetanus Shot: _____
(MM/DD/YY)

Has your child been subject to any of the following conditions? If yes, please specify in the space below, noting how recently the condition occurred. If none apply, please circle the following descriptor: **NONE APPLY**

Cerebral Palsy	Diabetes	Epilepsy	Heart Disease	Rheumatic Fever	Hyperactivity, ADD or ADHD
Mumps	Hepatitis	Encephalitis	Scarlet Fever	Whooping Cough	Autism/Asperger's
Tires Easily	Fractures	Convulsions	Fainting Spells	Frequent Headaches	Eye Problems
Dizziness	Rubella	Chicken Pox	Ear Problems	Frequent Urination	Frequent Colds
Nosebleeds	Other: _____				

Allergies: Please note the type (food or environmental), description of symptoms, etc.

Behavioral Conditions: Please provide any further information about behavioral conditions that staff should know about, such as sleepwalking, bedwetting (please send an easily laundered sleeping bag), epilepsy, fainting, hyperactivity, asthma, etc.

Other things we should know: Is there any additional information that would be helpful in promoting your child's welfare while at the event (e.g., dietary needs)? Please include any past or potential experiences that might be upsetting to your child.

Medications: Please note that for the safety of all event participants, all medications will be held and administered by the designated Health Supervisor. The listed non-prescription medications or their equivalents will be available and provided for the corresponding symptoms. Please do not send these meds with your child (with the exception of Epi-pens). If you **do not** wish to have your child treated using the following meds in the event of the symptoms indicated, please register your objections by clearly ~~drawing a line~~ through that particular medication. If there are no restrictions, please circle the following descriptor: **NO RESTRICTIONS**

- Liquid Maalox for abdominal pain
- Maalox for nausea
- Pedialite for vomiting
- Imodium for diarrhea
- Milk of Magnesia for constipation
- Chlortrimaton, Benedryl for allergy, hives and bites
- Adrenaline for asthmatic attack or acute allergic reaction to insect bites
- Auralgan (if not allergic to -caines), Sinutab and Afrin for earache
- Ibuprofen, Acetaminophen for fever, flu, headache and menstrual cramps
- Solarcaine (if not allergic to -caines), Ibuprofen for sunburn
- Ibuprofen for muscle spasm
- Sinutab for sinusitis
- Hibiclens and Polysporin for cuts
- Cortaid Cream for rash
- Robitussin DM for cough

Please list the medication(s) your child will require during the event's duration:

Drug Name/Dosage/Interval: _____ Purpose: _____

Drug Name/Dosage/Interval: _____ Purpose: _____

Drug Name/Dosage/Interval: _____ Purpose: _____

A **Medication/Prescription Form** must accompany each prescription, over-the-counter drug or vitamin. All medications must be in their original containers.

MEDICAL RELEASE: I affirm that my child is in good health and I will notify the director if my child is exposed to any communicable disease during the two weeks prior to attending any camp or youth event. I will not send my child to camp/youth event if he/she has been ill within the two weeks prior to camp/youth event. NCNC will grant a full refund when presented with a doctor's note.

In case of medical emergency, I give permission to the physician selected by the Director, Health Supervisor or other authorized event staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my child. I also give permission to the aforementioned staff member(s) to provide/arrange appropriate transportation (e.g., ambulance, designated staff member) for my child to receive medical services.

Custodial Parent/Legal Guardian Signature _____ **Date:** _____

Printed Name _____ Relationship: _____

Phone: _____ Email: _____
(Home) (Work or Cell)

In case of emergency, when the above cannot be reached, contact:

Name _____ Relationship: _____ Phone: _____
(Home) (Work or Cell)

Name _____ Relationship: _____ Phone: _____
(Home) (Work or Cell)

PLEASE NOTE: WE DO NOT ASK WHETHER CAMPERS ARE IMMUNIZED, OTHER THAN TETANUS.

PHOTOGRAPHIC PERMISSION RELEASE

I hereby give my consent for NCNC UCC to use any of the photographs taken of my child, _____ at this event for publicity, such as for future Summer Camp brochures or other materials designed to inform potential campers or user groups about camping programs or available facilities. With consent I hereby release the NCNC UCC from any claim whatsoever that may arise in said regard. I understand that the above named camper will participate if an all-camp photograph is taken.

No, I do not wish to give consent for photos of my child to be used in any way.

Custodial Parent/Legal Guardian Signature _____ **Date:** _____

Printed Name _____

YOUTH EVENT COVENANT *All participants are required to sign the covenant – youth and adults. If you break the covenant, you may be required to complete a Process of Reconciliation to participate in future conference youth events.*

- I make this covenant (sacred agreement) with the Northern California Nevada Conference, with the community of persons attending this event, with God and myself. With love and respect for each other, and a common respect for God, I will act to foster the ideas of the United Church of Christ.
- I agree to participate in scheduled activities, sharing my gifts, enthusiasm and concerns.
- I agree to help create a community of love, acceptance and caring for all persons.
- I will care for and respect my body and my ability to relate to others by not using alcohol, tobacco or other drugs and agree not to bring these items.
- I agree not to take part in inappropriate sexual behavior.
- I will love, respect and care for the world God created, avoiding any activity that would hurt the environment.
- I agree to respect the property of others.
- I agree to observe the specific rules of this event.
- I agree to this covenant so we can develop a strong community base for this event by being present with others and not engaging in activities that limit our involvement and relationships with each other.

Signature of Participant

Date