

Release Form & Medical Information

I, _____, am the legal mother/father/guardian of _____, and I give my permission to NorthPointe Church to take him/her to Camp Gideon.

NorthPointe Church also has my permission to take whatever action to protect and insure the safety, health and well being of my child.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Birth Date: _____ Height: _____ Weight: _____

Physical Handicaps or Limitations: _____

Allergies/Medication the child is allergic to: _____

Medication you are currently taking: _____

I do hereby authorize and give permission to Teresa Barton, RN, the medical volunteer or and adult chaperone with NorthPointe Church to seek and obtain any medical services that in their judgement my child may need while participating in this activity. It is my understanding that I will be contacted as soon as possible, but not necessarily prior to treatment that might be emergent. I further understand that I will also be responsible for all medical costs.

My initials below indicate my child may receive the following non-emergency medical treatment from any adult affiliated with NorthPointe Church as deemed appropriate without notification.

- Acetaminophen (e.g. Tylenol)
- Ibuprofen (e.g. Motrin)
- Naproxen Sodium (Aleve)
- Antihistamines (e.g. Benadryl)
- Decongestant (e.g. Sudafed)
- Sore Throat Spray (e.g. Chloraseptic)
- Cough Lozenges (e.g. Halls Cough Drops)
- Cough Medicine
- Antacids (e.g. Malox)
- Anti-Diarreal Medication (e.g. Imodium)
- Basic First Aid (e.g. Disinfectant, topical ointment, sunburn lotion etc.)

In consideration for being accepted and allowed to participate in this retreat & activities associated with its program and location, I personally assume responsibility for my actions and release NorthPointe Church and HIS Camp, Inc. Camp Gideon, their trustees, board, employees, and agents from any claim, demand, action, or cause of action due to loss, injury, damage to myself, child or property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service. I certify that I have signed this release voluntary.

Signature of Guardian (if under 18): _____ Date: _____

In the event of EMERGENCY, please contact (NAME): _____

Address: _____ City: _____ ST _____ Zip _____

Phone #s Daytime: _____ Evening: _____ Cell: _____



**8/13/10 @ 4 pm
LEAVING THE CHURCH**

**8/14/10 @ 3:30 pm
RETURNING THE CHURCH**

| |
|-----------------------|
| Grade as of 8/2010 |
| K |
| 1 st |
| 2 nd |
| 3 rd |
| 4 th |
| 5 th |

| |
|--------------------------------------|
| T-Shirt Size Youth XS S M LG XL |
| T-Shirt Size Adult SM M LG XL XXL |



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