

# Release Form & Medical Information

**L  
E  
A  
D  
E  
R**

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: \_\_\_\_\_

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

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.

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

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.

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

Signature of Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone #s Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_



30 Orchard Rd  
Adairsville, Ga 30103