



9640 Center Grove Church Rd.
Clemmons, NC 27012-9165

Molding Christian Character

Summer Youth Camp • Retreats • Quality Programming
Team Building • Climbing Wall • High Ropes Course

MEDICAL RELEASE FORM

Attendee Name _____
Address _____
City/State/Zip _____
Age _____ Grade _____ If a minor, list Parent/Guardian Name(s): _____
Cell Phone _____ Second Phone # _____
Church/Group Attending with _____ Coordinator Name _____

Each attendee must be immunized against the following according to the H.E.W. standards: Polio, Mumps, Measles, Rubella, Diphtheria, Tetanus, and Whooping Cough. Check here if immunized: Yes No

Date of Last Tetanus Shot _____

Any medications that will be taken while at Merrivood _____

Reasons for taking medications _____

Any life-threatening allergy that requires an epi-pen? Yes No

If YES, list life-threatening allergy, reaction, and treatment: _____

Any other NON-life-threatening allergies? _____

Any dietary restrictions (gluten, lactose, vegan, diabetic, etc.) _____

Any physical or mental limitations we need to be aware of (learning disabilities, medical or behavioral concerns)? _____

Specific Activities to be restricted _____

Reason for restriction _____

MEDICAL WAIVER

I hereby grant permission for _____, a minor, (or _____/self) to attend Merrivood Christian Camp ("MCC"). I, _____, hereby affirm and agree that I am the parent or legal guardian of Minor (or self); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of attending MCC prior to signing this release. I agree, individually and on behalf of Minor, to release and hold harmless Salem Baptist Church ("SBC"), MCC, its agents, officers, directors, employees and volunteers (collectively referred to as the "Church") from any and all liability as a result of any and all injuries, death, damages, or losses including personal property sustained by Minor while participating in MCC. I further agree to hold the Church harmless and to bear the cost of their legal defense if any suit of legal or equitable action is brought against any of them as a result of any and all injuries, death, damages, or losses including personal property suffered by Minor while at MCC; or any injury, death, damage or loss including personal property resulting from negligence or lack of care due to the conduct of the Church. In the event Minor is injured while at MCC and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify and hold the Church harmless from any liability sustained as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. I understand that, if at all possible, parent(s) and/or guardian(s) will be notified of medical treatment beforehand. I affirm that the medical information on this form is both complete and correct.

(Parent or Guardian must sign for Minors)

Revised 12/19/16

(copy as necessary)

Signature _____

Date ____/____/____

E-mail us: office@campmerrivood.net

Call us: 336-766-5151

View us: www.campmerrivood.net



Fax us: 336-766-9799