

## Activity & Medical Release

**FAITH Missions Camp**

**June 29 – July 3, 2025**

**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address (If different from above):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_**

**May photographs taken of this participant be used for promotional purposes?** \_\_\_\_ yes \_\_\_\_ no

**For Office Use Only:**

My child may  
**NOT** take the  
following  
medications:

- ☐ Anti-itch cream
- ☐ Tums
- ☐ Antibiotic Ointment
- ☐ Miralax
- ☐ Antihistamines
- ☐ Ibuprofen
- ☐ Throat Lozenges/Spray
- ☐ Anti-Nausea Medication
- ☐ Acetaminophen
- ☐ Imodium

Participant's Name: \_\_\_\_\_

Are you currently taking medicine or treatment? \_\_\_\_ yes \_\_\_\_ no

If yes, explain: \_\_\_\_\_

**\*Meds will be turned in to the Nurse. Please keep meds in original bottles.\***

Have you been restricted from sports or swimming for any reason? \_\_\_\_ yes \_\_\_\_ no

If yes, explain: \_\_\_\_\_

Date last Tetanus Toxoid Immunization: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Have you ever had a severe reaction to a bee / hornet sting or insect bite? \_\_\_\_ yes \_\_\_\_ no

Do you have: \_\_\_\_ sinus trouble \_\_\_\_ hay fever \_\_\_\_ heart trouble \_\_\_\_ epilepsy  
\_\_\_\_ asthma \_\_\_\_ diabetes

List any Allergies:

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If I cannot be reached, please notify: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Anything else we should know about the participant: \_\_\_\_\_

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### EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY WAIVER

In consideration of the permission granted to the participant named above, by the above-named Sponsor, to participate in the above described Activity, I hereby release said Sponsor, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described activity.

In the event of an emergency, I hereby give permission to the church-appointed sponsors, Faith staff, and/or camp personnel, who are with my child (above-named participant) at the above mentioned event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

Participant's Signature: (If 18 or older) \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_