

BYC 2024 Medical Information, Authorization and Release Form

This form is required for ALL youth and adult campers, even if youth are 18 at the time of camp. The following information is provided to assist congregational leadership, camp staff, Laurel Ridge Camp and Conference Center, and any necessary health care provider(s), and is accurate to the best of my knowledge. I understand that in the case of an emergency or illness, every effort will be made to contact me, and/or the emergency contact person indicated.

Participant's Name Joshua Cowan

Date of Birth 17 September 1978

Address 198 Avery St

City Decatur

State GA Zip 30030

IN CASE OF EMERGENCY, PLEASE CONTACT:

Judy Cowan

Relationship mother

Daytime phone (806) 392-2280

Evening phone (806) 392-2280

Alternate emergency contact:

Sue Buchholz

Phone: (404) 513-3561

Relationship friend

Current Medications none

(Please pack prescription medications clearly labeled in original containers.)

Allergies to **Medications** sulfa

Food or Other Allergies none

Please give the most recent date (at least year) for DTAP or DT (tetanus) vaccination: 2013

(If camper experiences an open wound injury and there is no information regarding a tetanus vaccination, health care professionals will likely administer one as precaution.)

Date(s) of COVID Vaccinations and Boosters: vaccine - spring of 2022

Other pertinent medical or dietary information: none

Primary Physician Terrie Morton Acker, MD

Address _____

City _____

State _____ Zip _____ Phone (404) 284-7744

Medical Insurance Carrier Ambetter Health

Policy number U71284277-01

Group number _____

BYC Participant Signature _____

I, Joshua Cowan, do hereby agree for myself or give my permission for the minor aged camper described herein to participate in the BYC at Laurel Ridge Moravian Camp and Conference Center, inclusive of transportation, except as noted. I hereby authorize guardian authority to congregational, BYC and Laurel Ridge leadership to sign on my behalf any and all medical or dental treatment contracts and treatment authorization forms without limitation that the guardian deems necessary for the benefit of my child in the event of illness or injury. I agree to pay such expenses as are incurred, either directly or through submission to my insurance carrier.

I hereby, for myself, the minor camper described herein, or heirs, executors, administrators or anyone else who might claim on our behalf, covenant not to sue, and to release, waive, and forever discharge BYC, Laurel Ridge Camp and Conference Center, Harmony Creek Church, and all other adult staff and chaperones from any liability arising out of my child's participation in BYC, apart from actions illegal or grossly negligent.

Parent or 18+ Participant Signature _____ Date 29 June 2024