

# YOUTH OUTREACH MINISTRY

## Medical Release

Camper \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

### To be completed by Parent/Legal Guardian:

I give permission for \_\_\_\_\_ to provide information below to Youth Outreach Ministry for the purpose of assessing whether the indicated camp(s) can accommodate my child's/participant's needs.

Please indicate camp(s) child/participant will be attending:

- Camp o' the Pines** (ages 8–12) is an overnight camp that runs six consecutive days. Camp staff maintain a structured, supervised environment where campers can participate in activities such as swimming, waterslides, zip lines, fishing, canoeing, archery, and other physical activities. Children are on an active schedule that includes many outdoor activities.
- Sports Center Day Camp** is a weekly day camp for ages 6–12 and 5-year-olds who have completed K5. The camp will use the Pensacola Christian College campus facilities, including the Sports Center, Swim Center, Field House, and dining hall. Campers can also participate in activities such as swimming, waterslides, miniature golf, table tennis, and ice skating. Children ages 8–12 may also bowl.
- Summer Camps** (grades 9–12) are designed to give campers the leading edge for tomorrow's challenges and to help them decide what careers interest them. Campers receive superior instruction from qualified personnel while using the facilities at Pensacola Christian College. They also participate in activities such as rock climbing, an indoor water park, swimming, and sailing/kayaking.
- Teen Extreme** (grades 7–12) is an exciting, affordable summer camp for church youth groups and teens that takes place in a Christian environment using the Sports Center facilities at Pensacola Christian College. Camp activities include rock climbing, an indoor water park, swimming, team competitions, sailing/kayaking, paintball, and segway tours.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child/participant \_\_\_\_\_

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### To be completed by Healthcare Professional:

Medical, emotional, behavioral, and/or physical condition(s) \_\_\_\_\_

- I recommend the child/participant listed above to fully participate in camp activities, and I feel this child/participant would do well in a structured, camp environment with close interaction with other children/participants.
- I would recommend this child/participant to attend the camp(s) indicated above, but with the following limitations/concerns/medications\*:  
Explain: \_\_\_\_\_
- I do not recommend this child/participant to attend the indicated above.

Comments: \_\_\_\_\_

Healthcare Professional Signature \_\_\_\_\_

License # \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

*\*A separate Authorization for Administration of Medication form must be completed if child/participant will need to take prescription medication, OTC medication, or supplements at camp.*

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Office use only:

Sent to: \_\_\_\_\_ Date: \_\_\_\_\_ Approved for camp: \_\_\_\_\_