

YOUTH OUTREACH MINISTRY, INC.

P.O. Box 18500, Pensacola, FL 32523-8500

Medical Release

This form must be mailed, e-mailed, or faxed to the camp office before reasonable accommodation can be determined for the camper to attend camp.

I. Camper Information (to be completed by Parent/Legal Guardian)

Camper's Name (First, Middle, Last)		Date of Birth	Age
Parent/Legal Guardian	City, State	Preferred Phone Number	

Please list allergies:

II. Parental Permission (to be completed by Parent/Legal Guardian)

I give permission for _____ (healthcare professional) to provide information on the back page 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:

YOUTH CAMPS

- Camp o' the Pines** (ages 8–12) Camp o' the Pines is an overnight camp in a woodsy outdoor setting. Campers participate in a busy day of structured, fun activities including swimming, water slides, zip lines, fishing, canoeing, archery, and other physical activities. Campers typically wake up at 6:50 a.m. and go to bed around 9:30 p.m. Campers stay in a group with other campers their age and are expected to follow directions from leaders and instructors. Campers can expect to walk from place to place during the day while participating in activities and to spend long stretches of time outdoors in the sun. The campground is home to a variety of insects including bees, wasps, fire ants, and horse flies. Camp o' the Pines is located approximately 45 minutes from the nearest hospital. All medications are stored by and administered during mealtimes and at bedtime by the camp nurse.
- 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, ice skating, and organized sports activities. Children may also bowl and view the planetarium shows. All medications are stored and administered by the camp nurse.

TEEN CAMPS

- Summer Camps** (grades 9–12) are overnight academic, fine arts, or sports camps where campers will receive superior instruction from qualified personnel. The camps will use the Pensacola Christian College campus facilities, including the Sports Center, Swim Center, Field House, and dining hall. Camp activities include rock climbing, swimming, and an indoor water park with a surfing simulator and three water slides. Sports camps will also include team competitions. Campers can expect to walk from place to place during the day and night while participating in activities.
- Teen Extreme** (grades 7–12) is an overnight camp for youth groups and teens. The camp will use the Pensacola Christian College campus facilities, including the Sports Center, Swim Center, Field House, West Campus, and dining hall. Camp activities include rock climbing, swimming, team competitions, sailing/kayaking, paintball, segway tours, and an indoor water park with a surfing simulator and three water slides. Campers can expect to walk from place to place during the day and night while participating in activities.

I, _____ give permission for my child to take the medication shown on the back page at camp and hereby request the camp personnel to assist in administering said medication to my son/daughter, (name) _____, as prescribed by the doctor. I understand and acknowledge that: (1) I do hereby release and forever discharge Youth Outreach Ministry, Inc., and its employees, agents, volunteers, and servants, together with its parent corporation and its subsidiaries and affiliates, and including the directors, officers, employees and agents thereof, of and from any liability, damages, claims, demands, rights, actions, and causes of actions that might arise on account of any loss, damage, or injury to (son's/daughter's name) _____ or expenses of whatever kind which may be sustained as a result of administering or failing to administer said medication; (2) medication should be brought to the camp only by a responsible individual; (3) **medication must be in its original labeled container**; (4) medication will be destroyed if it is not picked up within one week following the last day of camp; and (5) any change in medication requires a new form.

Parent/Legal Guardian Signature

Relationship to child/participant

Date

THIS FORM IS VOID IF ALTERED IN ANY WAY

III. Healthcare Professional (to be completed by healthcare professional)

For: (Camper's Name) _____ medical/emotional/behavioral/physical conditions or food/
environmental allergies of: _____

- I recommend the child/participant listed on this release to fully participate in the camp(s) indicated on the previous page without any special accommodations, 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 on the previous page, but with the following special accommodations:
- Dietary restrictions: _____
- Activity restrictions/limitations: _____
- Other accommodations: _____
- Medications:
- ✧ **Youth Camps** (*Camp o' the Pines and Sports Center Day Camp*)
 - **All** routine or as-needed prescription or over-the-counter medications, vitamins/supplements, and essential oils the camper will be taking during camp must be listed on this form (complete Treatment Plan below).
 - ✧ **Teen Camps** (*Summer Camps and Teen Extreme*)
 - **All** Epi-pens must be listed even if the camper self-administers.
 - **Only** list routine or as-needed prescription or over-the-counter medications, vitamins/supplements, and essential oils **the parent would like the camp nursing staff to administer to the camper** (complete Treatment Plan below).

Treatment Plan (to be completed by healthcare professional)

Medication	Dosage, Time, and Route	Condition/Symptoms	Comments

- I do not recommend this child/participant to attend the camp(s) indicated on the previous page.

Comments: _____

Print Healthcare Professional's Name		NPI Number	
Signature of Healthcare Professional	Healthcare Professional's Address	Healthcare Professional's Phone Number	

Camp o' the Pines (850) 479-6555
Sports Center Day Camp (850) 969-1689
Summer Camps (850) 969-1690
Teen Extreme Camp (850) 969-1555
Fax (850) 479-6576

Reservations@CampOPines.com
Reservations@SportsDayCamp.com
Reservations@YouthOutreachCamps.com
Reservations@TeenExtremeCamp.com