

Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_

**Round Lake Christian Assembly  
Medical Release Form 2010  
(Volunteer Workers under age 18)**

Health Record

If student has a history of drug allergies, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medicine presently being taken by student. (All medicine is to be left and dispensed by camp nurse.) \_\_\_\_\_  
\_\_\_\_\_

Is student allergic to bee stings? \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Is student free of communicable diseases? (circle) Yes No

If no, please explain: \_\_\_\_\_

Is there any other physical, medical, or emotional condition that the camp should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Last Tetanus Booster \_\_\_\_\_

**Primary Insurance Coverage is the responsibility of your own family insurance.**

Health Insurance Co. \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Family Physician \_\_\_\_\_ City \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

I attest that \_\_\_\_\_ is in good physical condition and is able to participate in all camp activities.

Exception: \_\_\_\_\_

**(please see other side)**

### **Risk of Injury—Waiver of Liability**

- I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by all camp policies in force.
- I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
- I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Assembly, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
- **In Case of Emergency:** I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this card. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
- I understand that Round Lake Christian Assembly and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.

Signatures required of: \_\_\_\_\_  
(Father or Male Guardian)

Date: \_\_\_\_\_  
(Mother or Female Guardian)

If there is only one legal guardian—Mark “none” on other line.