

First United Methodist Church - Pasadena Camp Medical Release

Please indicate which family member these relate to, using a separate form if necessary:

1. List any diseases, physical limitations, special needs of any kind:

2. Medications Currently Taking and Purpose:

3. Allergies (Food, Medical, Insects., etc)

4. Restricted Activities

Family Physician_ _ _ _ _ Phone_ _ _ _ _

Family Medical Insurance Carrier_ _ _ _ _ Policy #_ _ _ _ _

Medical Release

I hereby authorize the FUMC Church Camp leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child or myself. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the FUMC Church Camp Leaders to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

**Signature of Adult Camper
Or Parent/Guardian**

**Print Adult Camper or
Parent/Guardian Name**

Date Authorized

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EVENT: All Camp Activities
LOCATION: Camp Sky Meadows
DATES: Medical Release valid for one (1) year

Name: _ _ _ _ _

Address: _ _ _ _ _

City: _ _ _ _ _ State: _ _ Zip: _ _ _ _ _

_ Home / _ Cell Phone: (_ _) _ _ _ _ _

Emergency Contact: _ _ _ _ _

Relationship: _ _ _ _ _ Emergency Phone: (_ _ _ _ _)

Names of all family members attending Labor Day Camp:

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

_ _ _ _ _ birthdate: _ _ _ _ _

If a child under the age of 18 will be at camp without parent/legal guardian:

Parent's Name: _ _ _ _ _

Address (if different than above): _ _ _ _ _

City: _ _ _ _ _ State: _ _ Zip: _ _ _ _ _

Home/Cell Phone: (_ _ _) _ _ _ _ _

Email: _ _ _ _ _

I give permission for my child, _ _ _ _ _ , to take part in the First United Methodist Church's (FUMC) Camp activities. I further give permission for my child to be transported to and from the event by

Name of Responsible Adult at camp: _____

Lodging Preference: _____

Late Fee: _____

Total Fees: _____

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Participation in all FUMC sponsored camp events will require proof of receiving a fully completed Covid-19 vaccine. **Children ages 12+ must be fully vaccinated and provide proof of vaccination.**

The following are acceptable as proof of full vaccination:

- Vaccination card (which includes the name of the person vaccinated, type of COVID-19 vaccine provided, and date the last dose was administered, which must be at least two weeks prior to the camp date)
- A photo of the attendee's vaccination card as a separate document
- A photo of the attendee's vaccine card stored on a phone or electronic device
- Documentation of full vaccination from a healthcare provider

Please list each family member's Covid-19 Vaccination Status

(additional names may be attached as needed)

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____

Name: _____

Date of 1st dose _____ Date of 2nd dose _____