

International Baptist College  
**2010 Fine Arts Summer Camps**  
*Permission Form*

*All campers must have insurance documentation and tetanus and MMR vaccination records to participate in camp. All prescription medications must be given to the camp Health Supervisor in their original containers with instructions for dosage and times for administration upon check-in. We recommend that your child have a physical sometime within 12 months before attending camp.*

I give permission for my child, \_\_\_\_\_, to attend IBC Summer Camp at International Baptist College and to engage in all camp activities. I hereby authorize the Camp Health Supervisor to dispense over-the-counter medications as per standard medical practice.

IN CASE OF MEDICAL EMERGENCY when I cannot be reached by telephone, I hereby authorize the staff of the IBC Camps to secure appropriate medical treatment such as X-ray examination, anesthetic, injection, medical or surgical diagnosis or treatment, and hospital care necessitated by injury or illness, while the above-named child is attending an IBC camp. I agree to the release of any records necessary for referral, treatment, billing, or insurance. Services are to be rendered to the camper by legally qualified personnel.

I hereby affirm that my child has no physical conditions that will limit participation in the full range of activities being planned, except as listed below. I hereby waive and release IBC from any and all liability.

I agree to be responsible for the expense of medical aid where not covered by the college's accident insurance policy.

I understand and agree that any video or photos taken of my child may be used in the publications (i.e. print, video, or internet) of IBC.

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_  
Parent or Guardian's Name (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

\_\_\_\_\_ Yes, my child has had a physical in the last 12 months. It is on file at \_\_\_\_\_  
\_\_\_\_\_ No, my child has not had a physical in the last 12 months; I understand that a physical is recommended and take full responsibility for my child's health condition.

Camper's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insurance Phone \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Date of MMR injections \_\_\_\_\_

Any allergies? \_\_\_\_\_ (food/medication—please list all) \_\_\_\_\_  
\_\_\_\_\_

Special dietary requirements \_\_\_\_\_  
Medications currently taking (either prescription or over the counter) \_\_\_\_\_  
\_\_\_\_\_

Are there any medical/physical limitations preventing participation in any activity? \_\_\_\_\_  
If so, please specify \_\_\_\_\_  
\_\_\_\_\_