

International Baptist College
2012 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 or housing requirements _____

Medications currently taking (either prescription or over the counter) _____

My child is able to administer his/her own medications. _____ (initial)

Are there any medical/physical limitations preventing participation in any activity? _____

If so, please specify _____