

Seacoast church

Charleston, South Carolina

Emergency Information

Student's Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Birthdate: _____ Grade: _____

Parent/Guardian Information:

Name: _____ Relationship _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____ Pager: (____) ____ - ____

Emergency Contact:

Name: _____ Relationship _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____ Pager: (____) ____ - ____

Medical Information:

Activities (such as strenuous activities) to be Restricted: _____ If so, please describe: _____

Health Conditions and Allergies: _____

Medications and Instructions: _____

Doctor: _____ Phone: (____) ____ - ____

Hospital Choice: _____

In case of accident or serious illness, the Church has my permission to contact persons listed in my absence. The Church also has my permission to contact and follow the instructions of the physician listed on this card. If this physician is not available, I authorize the appropriate care and treatment be rendered to my child by any physician and/or hospital. I will assume responsibility for the emergency care and/or transportation for said child.

Insurance Carrier: _____

Policy Number: _____

Please include a photocopy of the front and back of your insurance card to better serve your child. Thanks!

Over the Counter Medication Authorization:

I give permission for my child to receive the medications listed below on this form according to the manufacturer's directions on the product label. I have checked those medications I wish to be made available to my child:

**For Headache/Menstrual Cramps/
Fever/Orthodontic Pain:**

- Acetaminophen (Like Tylenol)
- Ibuprofen (Like Advil)

For Cough:

- Cough Drops (Like Halls)

For Stomach Ache/Upset Stomach:

- Chewable Antacid Tablets (like TUMS)
- Liquid Antacid (Like Maalox or Mylanta)

- I do not want any medication given to my child at Church events.**

I understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

The information above can be used as my child takes part in any of the activities throughout the year including outings with their small groups and small group leaders. In the event of any injury or illness resulting from any of these events, I will not hold Seacoast Church, any staff member, or any leader legally responsible. Nor will I hold any groups that are associated with these events, or any other party that is involved with any of these events legally responsible.

Signature of Parent/Guardian

Date

Photography Release Form

Signing the permission for or signing up for this event confirms the agreement between you and Seacoast Church regarding your participation in approved Seacoast Events and activities in which you may be photographed or videotaped (the Property) from time to time. For valuable consideration received, you hereby irrevocably grant to Seacoast Church perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you or the student(s) listed on this sheet as a result of your participation in approved activities of Seacoast Church.

You hereby agree that you will not bring or consent to others bringing claim or action against Seacoast Church on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release Seacoast Church, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against Seacoast Church in connection with the Property.

This agreement shall not obligate Seacoast Church to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Seacoast Church shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

Awanita Valley Liability Release Form

SPONSOR SHOULD MAKE COPIES FOR EACH CAMPER

We reserve the right to refuse service to anyone who does not have an Awanita Valley liability release form signed by the proper individual, and/or parent or guardian.

If you or your child has existing medical limitations, including allergies, which would affect or limit you or your child's participation in any camp activity, or of which medical personnel should be aware of, please indicate below. Without such notice, it will be assumed that you or your child is physically fit and mentally capable of participation in ALL activities.

****Please notify the leader of your group of any medical limitations or special needs.**

****The leader of your group will be responsible for taking care of these special needs.**

Awanita Valley, Donald Baltz Foundation, and, **Seacoast Church**
Church or Group Name

including employees and representatives of the aforementioned organizations shall be held harmless from any suit, action, damages, or claims at law or otherwise resulting from or arising out of any injury, accident, or illness which may befall on _____ and his/her property while a camper at Awanita Valley.
Name of Camper

If the camper is a minor, this covenant is applicable to the camper and his/her parents or guardian.

The undersigned parent or guardian hereby authorizes **Seacoast Church**
Church or Group Name

or employee to take such action as may be necessary for the medical care or treatment including the administration of medication, permission for surgery, or other such action as needed in the event of injury or illness of camper or when parent or guardian cannot be reached for authorization. In the event the authorized person refuses or is not able to act, Awanita Valley personnel are authorized as set forth above. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I authorized my child to share or not to share their email address with Awanita Valley for future camp updates.

Signature of Camper

Date

Signature of Parent/Guardian, if camper is under 18 years of age

Date