

# CYN Medical Release & Emergency Procedures

PARENTS, PLEASE PRINT, FILL OUT & RETURN TO YOUTH LEADER  
**(LEADERS, MAKE TWO COPIES, YOU MUST BRING BOTH TO CAMP)**

NAME OF CHURCH: \_\_\_\_\_

COUNSELOR NAME & PHONE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

I give my permission for my child to attend Middle School Camp (Victory Jam) in Harvey Cedars, NJ. In the event my child becomes ill or is injured, I authorize the camp nurse to take the following action: Administer over the counter medications (Ibuprofen, Acetaminophen, Benadryl, Hydrocortisone cream, Antibiotic ointment, and/or Tums) to your child if needed. Please list medications that you **do not** want your child to receive.

Known Medical Conditions, and/or Allergies (medications, food or environment):

Child's current weight: \_\_\_\_\_

## Regular Medications

Will your child be taking any medications while on this trip?

If yes, who will be in charge of the medicine?

☐ My Child

☐ Church Leader

☐ Camp Nurse\*

Instructions

\*If the Camp nurse holds the medications for the child, it is still the child's responsibility to come get medications from the nurse.

Medical Insurance Carrier & Policy Number

## Contact Info

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**If no one can be reached in the event of an EMERGENCY I hereby give my permission to the physician selected by the youth leader or camp RN to secure proper treatment for my child.**

To the fullest extent permitted by law, I release Victory Jam Camp its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Victory Jam Camp its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Parent Signature & Date: \_\_\_\_\_