floridaDISTRICT
THE wesleyan CHURCH

Medical Release Form
Florida District of the Wesleyan Church

Effective dates: January 1, 2021 to December 31, 2021

Please print in ink

Name: ____ Age ________ Birthdate ______________
LAST FIRST MIDDLE

Grade in school _______________ ❑ Male ❑ Female Email ______________________________________

Address ______________________________ City ___________________ State __________ Zip __________

Phone ____ Student cell _____________________________________

Medical insurance company __________________________ Policy # ___________________________________
(PLEASE ATTACH A COPY OF INSURANCE CARD)

Mother's name ___________________________________ Phone: Home ______________ Cell _____________

Father's name ___________________________________ Phone: Home ______________ Cell _____________

Emergency contact _______________________________ Phone: Home ______________ Cell _____________

Physician ____ Office phone __________________________________

Dentist ____ Office phone __________________________________

Medical History (Check all that apply. Provide additional details if needed)

_____Frequent Ear Infections _____Diabetes _____Hypoglycemic _____Bleeding Disorders _____Hay Fever _____Penicillin
_____Heart Defect/Disease _____Asthma _____Mononucleosis _____Seizures _____ADD/ADHD ______Downs Syndrome
_____Tourette's Syndrome ______Mumps _____Chicken Pox _____Measles _____Other (specify) _____Ivy poisoning, etc.
_____Insect Stings _____Drug or Food allergies (specify)____
_____Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.)

Please explain: ____
____

Dietary Restrictions (medical and non-medical)____
____

Blood Type (if known) ______ All immunizations current? Yes___ No___ Date Last Tetanus___________

What is your child's swimming ability? Non-Swimmer____ Beginner____ Intermediate____ Advanced____

Physical Restrictions (if any):____
____

Allergies: No Known Allergies _________
This Child is Allergic to: _____ Food _____ Medicine _____ Environment (Insect stings, hay fever, etc.) _____ Other

Please describe all known allergies, reactions seen and management to reaction:____________________________
____
____

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Name:____ **DOB**:___________________

This form must be completed & signed by a parent or legal guardian. All prescription, over-the-counter, herbal, vitamin & nutrition supplement products will be kept by the Camp Nurse. These items must be given to the Camp Nurse upon arrival at camp (do not pack in child's luggage). All medications will be given as prescribed, indicated on this form or per label instructions by age and weight.

STOCKED OVER-THE-COUNTER MEDICATIONS: The following non-prescription medications (or equivalent) will be stocked in the camp infirmary and are used on an "as needed" basis to manage illness or injury only if approval as indicated below.

Medication	Indication	Individual Order ☐ Yes to all	Special Instructions or Comments
acetaminophen (Tylenol)	pain, fever	Yes No	
ibuprofen (Advil, Motrin)	pain, fever, inflammation	Yes No	
phenylephrine HCl (Sudafed)	sinus congestion	Yes No	
guaifenesin (Robitussin)	chest congestion	Yes No	
dextromethorphan (Robitussin DM)	cough	Yes No	
diphenhydramine (Benadryl)	allergic reactions	Yes No	
phenol 1.4% spray (Chloraseptic)	sore throat	Yes No	
bismuth subsalicylate (Pepto Bismol)	GI symptoms	Yes No	
laxative (Milk of Magnesia, MiraLAX)	constipation	Yes No	
loperamide (Imodium AD)	diarrhea	Yes No	
calamine Lotion (Caladryl)	topical reactions	Yes No	
hydrocortisone 1% cream (CortAid)	topical allergic reaction	Yes No	
antibiotic ointment (Neosporin)	cuts, scrapes, abrasions	Yes No	
Aloe, burn gel	topical or sun burn	Yes No	

PRESCRIPTION & OTHER MEDICATIONS: Please list all current medications that you are sending to camp – both scheduled and as needed. "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. Keep ALL medications in the original packaging. Prescription medication must have the full label issued from the pharmacy and will only be given to the person for whom it was prescribed.

☐ **Participant will NOT be bringing any medications to camp.**

☐ **Participant WILL take the following medication(s) during camp.**

Medication & Strength	Sig (specific directions including route)	Comments

ADDITIONAL ORDERS: Other health related needs – peak flow readings, dressing changes, blood sugar readings, etc.

____

____

IMPORTANT MEDICAL AUTHORIZATION:
I have reviewed this form in its entirety and give my permission (by selecting yes/no) for the acting medical staff to administer any medications (as defined above) as described above.

____
Signature of Parent/Guardian

____
Print Name

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The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which the Florida District of the Wesleyan Church adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- ☐ I am aware of the existence of risk on my physical appearance to the venue and my participation to this activity that the Florida District of the Wesleyan Church is providing, may cause or result in injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- ☐ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms related to COVID-19 or any communicable disease within the last 14 days.
- ☐ I have not, nor any member(s) of my household, traveled by sea or by air, internationally in the last 30 days.
- ☐ I did not, nor any member of my household visit any area within the United States that was reported to be highly affected by COVID-19, in the last 14 days.
- ☐ I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the past 30 days

Following the pronouncements above I hereby declare the following:

- ☐ I am fully and personally responsible for my own safety and actions while and during any participation and I recognize that I may be at risk of contracting COVID-19.
- ☐ With full knowledge of the risks involved, I hereby release, waive, discharge the Florida District of the Wesleyan Church, it's board, officers, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death that may be sustained by me related to COVID-19 while participating in any activity while in, on or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19
- ☐ I agree to indemnify, defend and hold harmless the Florida District of the Wesleyan Church from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.
- ☐ I agree to follow the Florida District of the Wesleyan Church's safety procedure, that have been made known to me.

______________________________	______________________________
Parent/Legal Guardian Signature	**Student Signature**
______________________________	______________________________
Print Name	**Print Name**

Medical Release Form

Florida District of the Wesleyan Church

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs or tobacco
- No fighting or "rough housing," weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Music (including CDs, iPods, or MP3 players), cell phones, and other devices may be confiscated and returned to the parent(s)/guardian(s) at the end of the trip if deemed inappropriate or a distraction from Christ.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: ____ Date: __________________

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

This form is valid for Florida District of the Wesleyan Church Kids Camp 2021 and any other kids event put on by the Florida District sponsored by or in connection with The Florida District of the Wesleyan Church (hereinafter referred to simply as "the Church")

From: January 1, 2021 (Date) to December 31, 2021 (Date)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. While every effort will be made to contact me as soon as possible, I understand and consent my permission for Florida District of the Wesleyan Church adult staff to make any necessary medical decisions regarding treatment for my child without necessity of first notifying me. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. (i.e. Lice, Behavior Issues)

Parent/guardian signature: ____ *Date:* __________________

Signed and attested to before me this ____ day of ________, ______ by ____________________________ who is

personally known to me or has produced __________________ as identification.

Printed name of Notary____________________

Signature of Notary _______________________