



2024 MIDWINTER RETREAT
LIABILITY and MEDICAL RELEASE FORM:

I certify that _____ has my approval to participate in the camp program. FURTHER, I do release and hereby agree to hold blameless the named church and Guadalupe Christian Camp and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family because of participation in said activity or other activities associated with Guadalupe Christian Camp.

My child has my permission to participate in any hiking activities that are scheduled by Guadalupe Christian Camp. YES NO _____(initial)

FURTHER, I do authorize the Minister or Sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency or surgical treatment for my child in the event of sickness or injury requiring emergency treatment while on this trip. It is understood that I will assume any financial responsibility for any expenses that may be incurred for said emergency treatment.

FURTHER, I do CERTIFY that my child is covered by adequate medical insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

(Signature of Parent or Guardian) (Date) HEALTH INFORMATION FOR CAMP NURSE: There will be a Registered Nurse on duty at camp. She/He will need your permission to administer additional medications if necessary to your child. When sending medications with your child, the medications must be in the proper container with labeled instructions by the DOCTOR.

Some of the medications that are available at camp are:

TYLENOL IBUPROFEN TUMS PEPTO BISMOL IMMUDIUM EYE DROPS NEOSPORIN BENADRYL CREAM CORTISONE CREAM COUGH SYRUP COUGH DROPS BENADRYL SUDAFED

Please MARK OUT and INITIAL the ones your child may NOT have. If none of these are marked, I will know it is OK to administer medications if needed.

Allergies: _____

Medications (What and how often: _____

I hereby certify that _____ is in good physical condition with no organic weakness or other problems that would make it unsafe to engage in normal camping activities such as competitive games, running or hiking. My signature for approval is below.

I, _____, give the CAMP NURSE permission to administer the above described medications to my child, _____. You may administer all medications except the ones marked and initialed.

Parent or Guardian: _____ Date: _____

If you have any questions, please contact the CAMP NURSE at camp— (575-981-2426)

If you would prefer that your child's image is NOT used in any social media postings or camp promotional materials, please initial here, otherwise, leave this blank. _____