

# 2017 Texas District UPC Crusader Medical Consent & Signature Form

Mail Postmark Deadline: May 31, 2017 (Otherwise bring to camp. This form MUST be on file before Camper is allowed to stay the first night.)  
 Mail to: Mrs. Laura Grindle, PO Box 37, Alto, TX 75925

This form is to be completed by all Crusader Campers who paid their registration fee **ONLINE**.  
 Crusader Camp: June 12-16, 2017 for Ages 8-11 during 2017 Calendar Year

→→→ Additional Information and Updates are located at [www.texasdistrictupci.org](http://www.texasdistrictupci.org), Ministry Tab ←←←

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 Yes  No Camper will obey all Camp Policies, Procedures, Dress and Conduct Code, and will be respectful and cooperative at all times.

→→→ Required Signature of Camper:

→→→ Date:

### →→→ Parental Information and Consent ←←←

Mother/Guardian's Name \_\_\_\_\_  
 Mother/Guardian's Best Phone Number \_\_\_\_\_  
 Mother/Guardian's Alternate Phone Number \_\_\_\_\_  
 Father/Guardian's Name \_\_\_\_\_  
 Father/Guardian's Best Phone Number \_\_\_\_\_  
 Father/Guardian's Alternate Phone Number \_\_\_\_\_  
 I, the undersigned parent/legal guardian of Camper named above:  
 Yes  No Certify the Camper is physically fit and adequately prepared to participate in any/all activities of Camp unless otherwise noted in Camper's medical information.  
 Yes  No Have read and understand the Camp Policy and Dress/Conduct Code and have advised Camper of these rules and their obligation to abide by them.  
 Yes  No Understand that I will be notified in case of a medical emergency involving the Camper. If I cannot be reached, I authorize the calling of a doctor and/or the providing of necessary medical services. I authorize the Camp Nurse and Executive Staff to make emergency medical decisions on behalf of Camper as required by law. I understand the Texas District UPC will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the Camp Office in the event of any health changes that would restrict Camper's participation in any/all Camp activities. I understand that adult supervisors reserve the right to withhold Camper from any activity they feel is outside the physical capabilities of Camper. I also understand that my personal insurance (if applicable) is primary coverage, and the Camp Insurance is secondary.  
 Yes  No Understand Camper will not be admitted to Camp if they have lice or nits; and if lice or nits are found, it is my responsibility to pick up Camper.  
 Yes  No Give permission for Camper to check out of Camp on the date of \_\_\_\_\_ with the following person(s)/group \_\_\_\_\_

### →→→ Camper's Medical Information ←←←

Emergency Contact (not Parent/Guardian) \_\_\_\_\_  
 Emergency Contact's Best Phone Number \_\_\_\_\_  
 Relationship of Emergency Contact to Camper \_\_\_\_\_  
 Family Physician's Name \_\_\_\_\_  
 Family Physician's Phone Number \_\_\_\_\_  
 Dentist/Orthodontist's Name \_\_\_\_\_  
 Dentist/Orthodontist's Phone Number \_\_\_\_\_  
 Insurance Carrier's Name \_\_\_\_\_  
 Insurance Policy or Group # \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Yes  No **Camper has been diagnosed with and/or treated for head lice in the past 14 days.**  
 Yes  No Camper has sleep issues that necessitate a bottom bunk.  
 Yes  No Camper's immunizations are up-to-date as required by the public school system?  
 Yes  No Camper has ever required any psychiatric treatment, counseling or hospitalization?  
 Yes  No Camper has ANY injury/sickness preventing him/her from participating in Camp activities or which Camp Staff should be made aware?  
 If yes, explain \_\_\_\_\_  
 Yes  No Camper has ANY allergies or food modifications?  
 If yes, explain \_\_\_\_\_  
 Yes  No Camper requires prescription and/or over-the-counter (OTC) medication  
 If yes, list all medications \_\_\_\_\_  
**NOTE: all medication must be turned in to the Nurses' Station in original containers with doctor's instructions. Use separate sheet if necessary.**  
 Yes  No I give permission for Camper to be given OTC medication provided by Camp Nurse for minor sickness (Tylenol, Motrin, Pepto Bismol, etc.)  
 List any exclusions \_\_\_\_\_

#### IMMUNIZATION INFORMATION

Yes  No Camper's immunizations are up to date as required by the Texas Public School System?  
 Yes  No Camper's immunizations are not up to date as required by the public school system, or I have chosen not to immunize my camper.  
 The Texas Department of State Health Services recommends your camper's Immunization Record be on file with the Camp Office for medical emergency purposes. If you have your camper's Immunization Record, upload a copy of it along with this Medical Consent Form through Wufoo.

→→→ Required Signature of Parent/Guardian:

→→→ Date:

UPCI Licensed Pastor's PRINTED Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Yes  No I have advised Camper of all camp rules and their obligation to abide by them, and I hereby pledge to support all camp policies. I consent to the distribution of Sunday School and/or Youth Department Promotional Material directly to the Camper. I have read this completed Camper Registration Form and approve this Camper for attendance at Texas District UPC Camps.

→→→ Required Signature of UPCI Licensed Pastor:

→→→ Date:

