

2018 Texas District UPC Crusader Medical Consent & Signature Form

This form is to be completed by all Crusader Campers who paid their registration fee **ONLINE**
& will be turned in during the Check-In process on the Monday Crusader Camp begins.

Crusader Camp: June 11-15, 2018 for Ages 8-11 during 2018 Calendar Year

→→→ Additional Information and Updates are located at 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: