

Berea Leadership Experience Permission Forms

Medical Permissions

In the event of a medical emergency related to the minor child listed below, I request that the Berea Leadership Experience contact me at the telephone number(s) listed below. In the event that I am unavailable, I give my consent to Berea Leadership Experience / Union Church staff to authorize Saint Joseph Berea Hospital, or any other hospital, or any other medical facility or physician, physician's assistant, nurse, emergency medical care provider, or other medical care provider to render whatever emergency medical care may be deemed appropriate by emergency medical staff, until I am available for consultation.

Name of child: _____

Date of Birth: _____

Allergies: _____

Food allergies: _____

Medications currently being taken: _____

Special medical conditions: _____

Insurance Company and Policy Number: _____

Family Physician (Name and Phone number): _____

Over the counter medicines camp staff may administer to my child for first aid (Please check any that apply):

acetaminophen ibuprofen sunscreen Other

Students should not attend camp if they have had vomiting, diarrhea, or a fever higher than 100 degrees during the 24 hours prior to the camp day.

Name of Parent or Guardian: _____

Relationship to child (only a parent or legal guardian may sign this form): _____

Address: _____

Address

City

St.

ZIP

Phone number(s) to reach you between 9:00 AM and 2:00 PM: _____

(Medical Permissions Continued)

Other emergency contact person, **and phone number** if different
(must be able to make legal medical decisions for the child) _____

(Signature of Parent/Guardian)

Date

Media Permission

I understand that by enrolling my minor child, _____, in Berea Leadership Experience, she/he may be photographed for publicity and publication purposes. Photos may appear in local newspapers, broadcasts as well as the Berea Leadership Experience and Union Church social media accounts and websites.

I agree _____

Signature of Parent/Guardian

Date

I do not want any pictures of my child taken. _____

Signature of Parent/Guardian

Date

Permission to Pick Up

Please list all those authorized to pick up your child at camp. You will be able to add names at check-in:

