

GRACEWAY BAPTIST CHURCH

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

(Please print or type)

NAME _____ T-SHIRT SIZE _____

ADDRESS _____

AGE _____ BIRTH DATE _____ GRADE _____ SCHOOL _____

PARENT OR GUARDIAN _____

IN EMERGENCY NOTIFY _____ RELATION _____

ADDRESS _____ PHONE _____

(SKIP IF SAME AS ABOVE)

INSURANCE CO. _____ POLICY # _____

FAMILY PHYSICIAN _____ PHONE _____

Check if you or your child has had the following; use the back to give any details (*optional*)

<input type="checkbox"/> Seizures	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Frequent Earaches
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Frequent Sore Throat
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Asthma
<input type="checkbox"/> Polio (disease)	<input type="checkbox"/> Surgery (please explain)	<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Hearing Problems

Last Tetanus Shot _____ List any past serious injuries _____

List any current medications _____

List any physical restrictions, allergies, food specifications, etc. _____

Glasses or Contacts _____

IMPORTANT: If a medical emergency should arise while the above named is participating in any Graceway Baptist Church activity, and I cannot be contacted, I hereby give permission to any sponsor of that activity to select a physician, hospital and/or clinic for his or her care. I also give the physician, hospital and/or clinic, as selected by said sponsor, my permission to hospitalize, treat and order injections to meet the needs of the above named. I will assume responsibility for any and all bills arising from said treatment(s).

In consideration of the permission extended to the above named to participate in the activities of Graceway Baptist Church, I hereby release and hold harmless all employees, staff members and sponsors of Graceway Baptist Church of and from any and all manner of action and causes of actions, judgments, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter have by reason of the above named participation in Graceway Baptist Church activities, as well as any other operations incident thereto. By signing today, I declare that the information provided is accurate, and the terms of the herein release have been completely read, and are fully understood and voluntarily accepted.

THIS RELEASE EFFECTIVE FOR CALENDAR YEAR 2022 ONLY!

DATE _____ CELLPHONE _____

SIGNATURE _____ RELATIONSHIP _____

KBA Camper Health and Release Form (1 of 2) Cabin: _____

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Church Name: _____ Camp Week: _____

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

SS Number: _____ CDIB #: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (____) _____ Cell or Work Phone: (____) _____

Secondary Emergency Contact: _____ Phone: (____) _____

1. Does camper have any known allergies or is camper unable to take any medication? ☐ Yes ☒ No (Please circle one.) If yes, what? _____

2. Does camper presently take any medications regularly? ☐ Yes ☒ No (Please circle one.)

If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. Insurance provider (Including Soonercare or CDIB Coverage):

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (____) _____

7. Will a parent of the Camper attend KBA during the same period of time as the Camper? ☐ Yes ☒ No (Please circle one.)

If yes, name of parent: _____

Please continue to the back or adjoining page. All forms MUST be fully completed.

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Parents:

Your child is required to abide by the KBA dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, their signature is required on the second page of this form.

Student Name: _____

Church: _____

KBA Student Release and Waiver of Claims Form (2 of 2)

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending camp at Kiamichi Baptist Assembly. In the event that my child should need emergency medical care or attention, the Host Church leadership, KBA, or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional. If such emergency care is provided, I understand that my health insurance information will be given and KBA insurance policy is to be secondary with limits of coverage of \$2,500 accident; \$750 illness; and \$300 dental. I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

- Furthermore, in consideration of my child being allowed to attend Kiamichi Baptist Assembly, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, KBA, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, KBA, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at KBA, and (2) injuries arising from the decision of the leadership of the Host Church, KBA, or any of their agents or employees to consent to the provision of emergency medical care to my child.
- I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I have read, or had read to us the KBA guidelines, rules, and regulations and expect my child to abide by those guidelines.

Parent Signature: _____ Relationship to child: _____ Date: _____

I have read, or had read to me, the KBA guidelines and will abide by them.

Student Signature: _____ Date: _____

Additional Activities:

I acknowledge that during the following additional activities are subject to certain risks and dangers that may occur. These include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 45 feet), water hazards, hazards associated with archery, and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury due to accidents which may occur resulting from the challenge course experience or other type of activities. While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, the undersigned, do hereby assume all the above risks which are not foreseeable, and will hold Kiamichi Baptist Assembly, Inc, its owners, directors, employees, and/or associates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether bodily injury, property damage or loss or otherwise, which may arise from, or in conjunction with, participation in this program. In short, I, along with my family or heirs, cannot sue Kiamichi Baptist Assembly, its owners, directors, employees, and/or associates. Also agreed to by all participants is to not be under any influence of any chemical substance, whether legal or illegal, including alcohol. I fully understand that participation in these activities is strictly voluntary.

Parent/Guardian: _____

Camper: _____ Date: _____

Circle any activity that permission is NOT granted for participation: Challenge Course/ Canoeing/ Archery/ Waterslide