



Christian Camp & Conference Center
 5055 Camp Sparta Rd.
 Sebring, FL 33875
 (863) 382-8696

MEDICAL AUTHORIZATION

PARENTAL CONSENT FORM

For office use only:

Cabin: _____

MEDICAL AUTHORIZATION

Camper Information:

Name _____ Grade _____ Date of Birth ___/___/___

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother's Name _____

Father's Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

List two contacts if parents cannot be reached:

Name _____

Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Please provide the following medical information:

Allergies _____

Epi Pen has been prescribed? Yes No

List prescriptions child Medication: _____
 must take daily:

Dosage: _____ Time: _____

Medication: _____

Dosage: _____ Time: _____

Medication: _____

Dosage: _____ Time: _____

** All prescription medication must be in pharmacy containers with appropriate labels and physician instruction.*

List over the counter medications provided for "as needed" situations:

Medications such as Tylenol, ibuprofen, Pepto Bismol, etc. which you would like your child to receive as needed must be provided in its original container.

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Please complete the back!

Health History _____
(List any chronic/severe illness, injuries, surgeries, bed wetting, sleep walking, etc.)

Any other concerns related to your child's camping experience _____

Medical Insurance Company _____ Policy # _____
(A copy of your insurance card (front and back) must be attached)

Name of Doctor _____ Phone # _____

Name of Dentist _____ Phone # _____

Vaccination Information: Date of last tetanus shot: _____

Are all vaccinations currently up to date? Yes No

Does your child have special dietary needs? No Yes _____

===== PARENTAL CONSENT =====

I, _____, do hereby give permission for my child, _____
_____, to attend and participate in any activities sponsored by Camp Sparta (the "Activities").

"Activities" may include, but are not limited to: lake swimming, pool swimming, ropes course, paintball, water blob, boating, tubing, canoeing, skiing, kayaking, etc.

My child may ride in any necessary and convenient transportation provided by Camp Sparta in connection with the Activities.

I authorize an adult representative of Camp Sparta to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I agree to assume the risk of, and release The Master's Academy of Central Florida, Inc. dba Camp Sparta/TMA Properties Foundation, Inc, its staff and representatives from any and all injury and liability arising out of or relating to the Activities conducted or sponsored by Camp Sparta.

I state that the information on this form is correct.

I hereby give my consent to any emergency medical personnel to administer necessary treatment for my child, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance / helicopter if the situation warrants, and I give consent to Camp Sparta authorities to seek all said help.

Parent Signature

Date

THIS FORM MUST BE NOTARIZED

The forgoing instrument was acknowledged before me this _____ day of _____ 20____, by _____, who is personally known to me or who has produced as identification.

Notary Public