



**MEDICAL CONDITIONS TO BE AWARE OF (ALLERGIES, SPECIAL DIET, DISABILITIES, ETC.)**

- Allergies (list below)  Asthma (list medications and limitations below)  Picky eater (explain below)  Bed-wetting
- Seizure disorder (explain below)  ADD or ADHD (explain below)  Bi-polar  Hearing impaired  Other(explain below)

\_\_\_\_\_

\_\_\_\_\_

List your camper's medications: \_\_\_\_\_

\_\_\_\_\_

Does your camper have **any** conditions that would limit participating in all camp activities?     NO     YES

(If yes, please explain) \_\_\_\_\_

Are Immunizations up to date?    Yes \_\_\_\_\_    No \_\_\_\_\_    If no, explain \_\_\_\_\_

Last Tetanus Booster?    Mo./Yr. \_\_\_\_\_/\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Does camper have a State of Illinois medical card:  NO     YES: In whose name? \_\_\_\_\_

**\*\*\*\*\* If yes, PLEASE include a copy of the medical card with application \*\*\*\*\***

Primary Insurance Company \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ ID #: \_\_\_\_\_

Full Name of Policy Holder (please print) \_\_\_\_\_

**\*\*\*\*\* PLEASE include copy of FRONT and BACK of health insurance card with application \*\*\*\*\***

**Consent/Release Form**

I, the undersigned parent/guardian hereby consent to my child, \_\_\_\_\_ who is, \_\_\_\_\_ years of age, participating in activities connected with CAMP GOOD NEWS® in Washington, IL, an activity sponsored by Child Evangelism Fellowship®. I certify that my child is able to participate in these activities including sports, hiking, ropes course, Zipline, and swimming, etc. (unless otherwise indicated). If there are any activities I do not want my child to be involved in I have listed them. I UNDERSTAND AND HERBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them. In the event that an emergency occurs, I may be reached at the telephone number(s) listed. If I cannot be reached within a reasonable period of time, I hereby authorize the Camp Good News staff to make emergency medical decisions for my child.

I consent to use of my child's portrait or picture for purposes of trade, publicity, and or information by CAMP GOOD NEWS® and CHILD EVANGELISM FELLOWSHIP®.

I do hereby agree to hold CAMP GOOD NEWS® and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account if injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity to participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State of Illinois law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release and contractual and to a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_