

# PARENTAL CONSENT FORM

In consideration of permission granted for \_\_\_\_\_ (child name) to participate in camping activities, we hereby release and covenant with Beulah Beach that we will never, individually or as legal guardian of said individuals, institute any action at law or in equity for any personal injuries, damage to property, real or personal, caused by, or arising out of activities sponsored by Beulah Beach, its successors and legal representatives. We understand and acknowledge that camp activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. We and the participant expressly and voluntarily assume all risk of personal injury sustained while participating in aforementioned activities. We also authorize Beulah Beach to use photographs, images, video, and/or audio clips of my child in publicity.

Printed Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(both signatures required where applicable)

## Medical Release Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

1. Does your child have any life-threatening allergies? (if yes, to what)

2. Does your child have any drug allergies? (if yes, to what)

3. Is your child bringing any medication with him/her? (if yes, please list)

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? (if yes, please explain)

In the case of medical emergency, I authorize Beulah Beach to call a doctor or practitioner to administer medical aid and treatment for my child at any time when they believe an emergency exists.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Person to contact if parent cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Please copy completed form and keep one for church records.