

ABUNDANT LIFE ACADEMY

Where Jesus is the Only Answer

Phone: (575)391-8078 / Fax: (435) 644-8292

Permission and Medical Form (should be received at least 1 week prior to camp)

Camper Information	
Camper's Name:	Male or Female (Circle One)
Camper's Age:	Date of Birth:
Parent/Guardian Contact Info:	
Name:	Relationship to Camper:
Address:	City: State: Zip:
Email:	
Phone:	Work Phone: Cell Phone:
If Above Cannot Be Reached, Contact:	
Name:	Relationship to Camper:
Phone: Work Phone:	
Why is Camper being referred? I.e. Behavior, Attitude Problems, etc	
Insurance Information	
Insurance Co.	Policy #
Name of Insured	S.S. #
Medical Information	
Does your child wear glasses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contacts? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child having any of the problems listed below? (Indicate Yes or No)	
Hay Fever, asthma, wheezing	Trouble passing urine
Eczema / frequent skin rashes	Shortness of breath
Convulsions / seizures	Speech problems
Heart trouble	Menstrual problems
Diabetes	Dental problems
Colds, sore throats, ear aches	Infectious Disease
Please explain any problem areas identified above and any other conditions to be aware of such as fainting, sleepwalking, bed wetting, allergies, learning disabilities etc:	
Should the child's activity be restricted because of any physical defect, illness, injury, or operation?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain situation & degree of restriction	
Medications Needed or Currently being given:	
Kind: Frequency: Dosage:	
Please Indicate Date of Immunization or Most Recent Booster. (Mark no if not immunized.)	
Polio Mumps Diphtheria Tetanus Pertussis Measles Rubella	

PARENTAL CONSENT & RELEASE OF LIABILITY

Dear Parent or Guardian:

It is our sincere desire to provide a positive, challenging, and enriching experience for each child that attends Abundant Life Academy Programs. Each camper will be participating in various physical recreational activities that include such things as calisthenics, work projects, Ropes Courses and Teamwork Leadership Courses. We take every precaution to ensure a safe, yet rewarding experience. Although the risk of injury is low while participating in these activities, there is an inherent risk in any activity of this nature. We therefore request that you read the following and sign below.

RELEASE OF LIABILITY

I UNDERSTAND AND ASSUME THE RISKS AND DANGERS INHERENT TO THESE ACTIVITIES WHETHER OCCURRING PRIOR TO, DURING, OR SUBSEQUENT TO THE ACTIVITIES, ACTS OF GOD, OR OTHER PARTICIPANTS AND I EXPRESSLY RELEASE ABUNDANT LIFE ACADEMY FROM ANY AND ALL LIABILITY OF ALL RISKS AND DANGERS INCIDENTAL AND INHERENT TO THE NATURE OF THESE ACTIVITIES. I FURTHER RELEASE ABUNDANT LIFE ACADEMY FROM ANY CLAIM THAT MY CHILD OR I MAY HAVE AGAINST THEM AS A RESULT OF PHYSICAL INJURY OR ILLNESS INCURRED DURING PARTICIPATION IN ABUNDANT LIFE ACADEMY ACTIVITIES. THIS RELEASE OF LIABILITY SHALL INCLUDE (WITHOUT LIMITATION) ANY CLAIMS FOR NEGLIGENCE AND BREACH OF FIDUCIARY DUTY AGAINST ABUNDANT LIFE ACADEMY. I UNDERSTAND THAT PHOTOS OF MY CHILD TAKEN DURING ABUNDANT LIFE ACADEMY ACTIVITIES MAY BE USED IN ABUNDANT LIFE ACADEMY PROMOTIONAL ACTIVITIES.

AUTHORIZATION FOR MEDICAL TREATMENT

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE ABUNDANT LIFE ACADEMY PERMISSION TO ACT ON MY BEHALF TO ADMINISTER ROUTINE HEALTH AND FIRST AID CARE AND TO SEEK MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE.

I RELEASE ABUNDANT LIFE ACADEMY AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT., I GIVE PERMISSION TO THE LICENSED PHYSICIAN EXAMINATION, MEDICAL DIAGNOSIS, TREATMENT, NECESSARY ANESTHESIA, SURGICAL CARE, AND HOSPITALIZATION CARE FOR MY CHILD NAMED ON THIS FORM.

I represent that I am the parent/guardian of the child named on this form, that the information I have provided on this form is true, and that I have read and understand the above release and authorization and that the child named on this form has my permission to attend camp and participate on the ropes courses and teamwork initiatives on the following dates:

Month/Day _____ to Month/Day _____ year _____.

Signature _____ Date _____