

# VICTORY RANCH

## Parental/Guardian Consent & Medical Release

I (We), the undersigned, do hereby give permission for my (our) son/daughter, to attend and participate in all activities, including horseback riding, with **First Evangelical Community Church** (name of church/group) on **December 18-21, 2021** (dates of retreat/camp), at Victory Ranch. I (We) understand and agree that participation presents known and inherent risks to the participant and may result in injury, illness, exposure to infectious/communicable disease, death, and/or other damages.

I (We) consent to an x-ray examination; anesthetic; medical, surgical, or dental diagnosis or treatment; and hospital care to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital. I (We) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach me (us), the parent(s) or guardian(s). I (We), the undersigned, understand that I (we) am responsible for my (our) child's medical obligations and shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, I (we) shall assume all transportation costs. My (our) signature below serves to indicate my (our) willingness to take full financial responsibility for any and all medical service rendered for the named participant. My (our) signature also serves to indicate my (our) willingness for the Health Insurance Company named below to be billed for any and all medical fees and services required. I (We) hereby release Victory Ranch from this liability.

I (We), the undersigned, do hereby release and agree to hold harmless Victory Ranch and its directors, board, agents, employees, volunteers, and representatives from any and all liabilities or claims for personal or emotional injury, illness, exposure to infectious/communicable diseases, and/or death, as well as property damage and/or expenses of any nature whatsoever which may be incurred by my (our) son/daughter that occur within the effective dates stated above and/or while said minor is participating in the above named camp program and its activities.

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of 1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of 1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_

List specific medical and food allergies and/or medical conditions: \_\_\_\_\_

Are immunizations up to date?  Yes  No Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Will camper be taking any medication while at camp?  Yes\*  No If yes, please explain: \_\_\_\_\_

\*It is recommended that all medications be in their original container with instructions attached; and the nurse, counselor, and/or leader should be notified.