

**Sebring Holiness Camp Meeting Association
Student Ministries
Emergency Information and Release Form**

Sebring Holiness Camp Meeting 895 McKinley Ave. P.O. Box 97, Sebring, Ohio 44672 (330) 938-9444

Name of Student: _____ Birthdate: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Father/Legal Guardian Name: _____

Same as Participants Residence? ____Yes ____No

Employer: _____ Work Phone: (____) _____ - _____

Mother/Legal Guardian Name: _____

Same as Participants Residence? ____Yes ____No

Employer: _____ Work Phone: (____) _____ - _____

Local Emergency Contact when parent(s) is not available: _____

Emergency Contact's Relationship to the Participant: _____

Emergency Contact's Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Sebring Holiness Camp Meeting Association-Youth Camp Early Release Policy

Sebring Camp is a family camp and we know that there may be activities, family responsibilities and other circumstances that may require a camper to leave the premises. Whenever possible, these items should be reported before the start of camp and kept to a minimum to avoid confusion and allow campers to experience camp. No camper will be permitted to leave with anyone not listed on the Sebring Camp Release Form (Green Form). No camper will be released to leave with another minor. This form helps you and us to know where your youth are at all times. We thank you for your cooperation.

PHOTO POLICY

We often take pictures and video to share and remember special moments on bulletin photos and videos are essential to sharing with you what our youth are doing. Please understand we cannot take responsibility for student's or other parent's pictures or postings.

_____ Please, initial here that I understand this Photo Policy.

_____ Initial here, to ask that we **not** use your student's photo.

This form expires July 1st 20_____

As the parent/guardian you and for your medical insurance carrier will be billed for medical charges in case of illness or injury, while your son or daughter is attending a camp or camp related activity.

Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Phone: (____) ____ - _____ Name on Policy: _____

Physicians Name: _____ Phone: (____) ____ - _____

Dentist's Name: _____ Phone: (____) ____ - _____

Medications and Dosages:

Medical Conditions/limitations/restrictions:

Date of last Tetanus: __/____/____

Allergies: (Please Specify)

Insect Stings: _____ EpiPen: _____ Yes _____ No

Over the Counter: _____

Foods: _____

Other: _____

Permission for a SHCMA Representative to administer the following over the counter medications as needed or directed but not exceed the label recommendations.

Please Check and Sign.

____ Ibuprofen	____ Cough Drops	____ Cortisone
____ Tylenol	____ Sports Cream (Menthol)	____ Benadryl
____ Cold and Allergy	____ Cold and Cough (Vicks/Store Brand)	____ Pepto/Tums

Signature of Parent or Legal Guardian: _____ Date: __/____/____

Medical Release

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by SHCMA to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my child as deemed necessary.

Every activity sponsored by SHCMA is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in SHCMA activities. They also agree not to hold SHCMA or anyone else liable for damages or injuries to the person or property of the participant listed above.

Signature of Parent or Legal Guardian: _____ Date: __/____/____

This form expires July 1st 20_____