

Camp Sanders Kids Camp 2023  
Camper Medical Release Form & Permission Agreement

**Camper Info**

Camper's Name: \_\_\_\_\_

Gender: Male / Female

Health Info

Please take note: All medications MUST be given to the camp nurse in original containers/prescription bottles at the time of registration for dispensing (campers MAY NOT dispense their own medications).

Medications being taken (including over-the counter medications taken daily):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to medicine or food: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any known physical concerns (asthma, allergies, seizures, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List any known behavioral concerns (ADD, ADHD, challenges at home, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Can he or she be given Tums, Tylenol, or other over-the-counter meds as suggested by the camp nurse? Yes / No

Other instructions: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Must be completed by a legal parent or guardian.)

I, the undersigned, hereby give permission for my child \_\_\_\_\_  
to attend and participate in the Camp Sanders Kids Camp at Sanders Christian Camp on  
June 26-29, 2023.

I certify that my child is physically able to engage in and participate in the activities planned,  
except where noted on the Registration Form or this Medical Release Form.

I hereby authorize the staff of the Camp Sanders Kids Camp to administer any needed  
emergency medical care and to seek the services of a licensed medical doctor in case of  
an accident or illness to my son or daughter. I also agree to pay for any expenses incurred.

I furthermore understand that Sanders Christian Camp, Inc. or its sponsor does not have  
insurance coverage for illness, and I agree to pay all expenses incurred by my son or  
daughter due to illness or injury.

I hereby agree to release and hold harmless Sanders Christian Camp, Inc. and those acting  
on its behalf to operate the camp, from responsibility for any accident and resulting injuries  
to the aforementioned child while enroute to and from camp, and while participating in  
camp, except in the case where gross negligence is found and proven on the part of the  
camp staff.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed forms to:

Connie Pittman

[conwyn56@gmail.com](mailto:conwyn56@gmail.com)