

Camper Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Age: _____ Date of Birth: _____
 Grade this fall: _____ Boy Girl (please circle one)
 In Emergency Notify (print): _____
 Relationship: _____ Emergency Contact Phone: _____
 Secondary Emergency Contact: _____ Phone: _____



2024 ACC Minor Medical Release Form

- Does camper have any known allergies or is camper unable to take any medication? Yes No
- If yes, what? _____
 Does camper presently take any medications regularly? Yes No
 If yes, what medications? _____
 For what reason? _____
- List any other medical condition(s) that would be helpful to know about: _____
- Date of last tetanus immunization: _____
- The above named child has current medical insurance coverage through:
 Insurance Company: _____
- Name on Insurance Policy: _____
- Insurance Company Phone Number: _____ Policy Number: _____
 Mailing Address for Medical Claims (see back of insurance card): _____
 City: _____ State: _____ Zip: _____
- Does your insurance company require notification prior to emergency health care at a hospital?
 If yes, phone #: _____
- Will a parent of the Camper attend Falls Creek during the same period of time as the Camper?
 YES / NO If "yes," name of parent: _____

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending Associational Children's Camp at Falls Creek in 2024. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the Associational Children's Camp, the BGCO or any of their agents or employees are hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and any expenses not covered by my child's insurance shall be my responsibility. I understand that the Host Church, the Associational Children' Camp or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree the Host Church, the Associational Children's Camp, and the BGCO are not responsible for the action of these third party contractors. I further agree the Host Church, the Associational Children's Camp, and the BGCO are not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Associational Children's Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Associational Children's Camp, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, Associational Children's Camp, and the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the Associational Children's Camp, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the Associational Children's Camp, and the BGCO, and any of their staff or agents to inspect my child's belongings while at Falls Creek.

I understand that Associational Children's Camp is a place where many children seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

I have received and read the Camp Packet Information (found at www.accok.org) including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All students attending Associational Children's Camp must have a parent or guardian complete and sign this release form. This form must be turned in to the Associational Children's Camp staff during registration on the first day of camp.

ASSOCIATION: _____
 HOST CHURCH: _____
 CABIN #: _____