

# RCC Medical Release Form

Camper Name \_\_\_\_\_

Regular physician \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FAMILY MEDICAL INSURANCE CO. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_ Date of last tetanus shot \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_

Indicate any physical condition or special needs our staff needs to know about: \_\_\_\_\_  
\_\_\_\_\_

Medications to be taken at camp \_\_\_\_\_

Allergies, medications which cannot be taken \_\_\_\_\_

Over-the-counter allergy, pain relievers, or fever-reducing medicines may be administered to my child. Yes  No

## Camper/Parent Agreement

Camper Agreement: I agree to abide by the rules of Rockford Christian Camp found on the Camper FAQ web page under "What are the guidelines?" and on the attached sheet. I will conform to the Dress Code and I will do my best to be a good and happy camper.

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Agreement: This application has my/our approval. We understand that the camp (RCC) is Christian in nature and uses the Bible as its authority for teaching material, including the teaching of matters pertaining to biblical salvation. It is also agreed that personal property is the responsibility of the camper. While the camp will take reasonable precaution, it assumes no responsibility for loss or damage to such personal property. It is further agreed that all medical expenses will be covered by US (parent/guardian) or by our own family medical insurance. We fully understand that Rockford Christian Camp does not provide medical coverage and will only be responsible for first aid treatment delivered by our staff.

Liability Agreement: We the undersigned parent(s)/guardian(s) covenant and agree with Rockford Christian Camp that we will at all times hereafter indemnify, keep indemnified, and save harmless the said Rockford Christian Camp, Inc. from all damages and actions, claims, demands, proceedings, costs, damages, and expenses which may be brought against or claimed from Rockford Christian Camp which it or I (we) may sustain or incur as a result of illness, accident or misadventure to the applicant during the period the said applicant is at Rockford Christian Camp. We request that RCC assist the applicant in participating in all camp activities, with the following exceptions or restrictions \_\_\_\_\_

We (I) authorize the camp director or his designee to secure medical or surgical treatment as recommended by a physician for the applicant's well-being. The camp health director or nurse may administer any prescribed medications and treat any emergency that may arise while the applicant is at Rockford Christian Camp.

WITNESS OUR HAND(S) THIS \_\_\_\_\_ day of \_\_\_\_\_, Shirt size: Child  Adul  or Sm  Med  Lg  X  2X  3X  4X

Father/guardian \_\_\_\_\_ Phone day (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ night (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mother/guardian \_\_\_\_\_ Phone day (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ night (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

READ CAREFULLY and complete the entire form. If this form is incomplete or the conditions above are not agreed to by the camper (applicant) and parent, the camper will not be admitted to Rockford Christian Camp. Mail this form to: REGISTRAR, ROCKFORD CHRISTIAN CAMP, PO BOX 5966, ROCKFORD, IL 61125. [www.rockfordchristiancamp.org](http://www.rockfordchristiancamp.org)