

**HEIRWAY CHRISTIAN ACADEMY SUMMER CAMP**

6758 West Spring Street, Douglasville, GA. 30134  
678-933-7586

**Emergency Medical & Fieldtrip Waiver Form**

This form will be on file at the camp office. An additional permission to participate from will be sent home prior to each off-campus field trip.

I give my permission for \_\_\_\_\_, to participate in all trips away from the camp premises. Students will be accompanied by a staff member and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the camp premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the camp director more than one day prior to the trip.

Although the camp desires to provide a safe and enjoyable time for all campers, accidents, can still happen. I/we understand that there are risks/dangers involved with participation in off-premises trips and their association activities. In consideration of my child being allowed to participate in this event, I/we assume the responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Heirway Christian Summer Camp, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the camp can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the camp contact me. If the camp cannot reach a parent/guardian after conscientious effort, I/we give permission for camp staff to call paramedics or any licensed physician or dentist. If a life threatening emergency exists, I/we give permission for camp staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

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

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

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by: \_\_\_\_\_

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

Physician: \_\_\_\_\_

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

Dentist: \_\_\_\_\_

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

Health insurance carrier: \_\_\_\_\_

Policy: \_\_\_\_\_

Under the name of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated?  
\_\_\_\_\_

Camper's home phone: \_\_\_\_\_ Camper's home address \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_ Father's pager: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_ Mother's pager: \_\_\_\_\_

In case of an emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

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