



STAFF

**Cordova Christian Camp STAFF Medical Release Form
June 14-18, 2010 (Please Print)**

Return Completed Form to: Cordova Church of Christ, 10577 Coloma Rd., Rancho Cordova CA 95670

Staff Last Name _____ First _____ Grade completed _____

Staff Address _____ City _____ State _____ Zip Code _____ Home or Cell Phone _____

Gender MALE FEMALE T shirt size SMALL MEDIUM LARGE XLARGE XXLARGE XXXLARGE

Father's Name (or Guardian) _____ Home Phone _____ Work or Cell Phone _____

Address (if different) _____ City/State/Zip _____

Mother's Name _____ Home Phone _____ Work or Cell Phone _____

Address (if different) _____ City/State/Zip _____

Emergency Contact Other than Parent or Guardian (must be completed) _____ Day Phone _____ How related _____

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MEDICAL RELEASE

Does staff take any medications? YES NO ALL MEDICATIONS MUST BE CHECKED-IN WITH THE CAMP NURSE.
IF YES, please use the reverse side to list all medications, dosages, times needed, and reason taken.

List any special dietary needs: _____

Is staff able to participate in normal physical activity? YES NO Explain: _____

Does staff have asthma? YES NO Details: _____

Other special medical information:
Any other health problems: _____

PARENT OR GUARDIAN AGREEMENT

I, the undersigned parent or guardian, consent to the camper's participation in Cordova Christian Camp. I affirm that staff is in good health and that he/she is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I authorize in advance the medical camp staff to consent to any emergency medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary during the camp hours for the week of camp and agree to be financially responsible for all said treatment. I understand that I will be required to pick up my child if he/she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability for this applicant's participation. I have read and understand this agreement.

Parent or Guardian signature _____ Date _____