

Oakland Presbyterian Church Music Camp 2019

July 29 – August 2

Student's Full Name: _____ Nickname: _____

Date of Birth (mm/dd/yy): ____/____/____ Age: _____ Sex: M F Home Phone: _____

School: _____ Grade (fall '19) _____

Name of church you attend: _____

Parents' Names: _____

Home Address: _____ City: _____

Mailing Address (If different): _____ City/St/Zip: _____

Mother's Employer: _____ Work #: _____

Mother's email: _____ Cell #: _____

Father's Employer: _____ Work #: _____

Father's email: _____ Cell #: _____

Pickup/Departure Procedure

List Persons Authorized to Pick up Child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Information

List All Known Health Problems, Allergies, and Current Medications:

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

If parents cannot be reached, who can be called in an emergency?

Name : _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

GENERAL PERMISSION &ACKNOWLEDGEMENT

- I hereby give permission for my child to accompany Music Camp on all field trips scheduled.
- I hereby give permission for my child to be videotaped or photographed for use by Oakland Presbyterian Church (this may include publication to local newspaper, Church’s Facebook and website.)
- I understand my child may be removed from camp for inappropriate behavior.
- I understand that fees are payable with the registration, that my child’s registration is not valid until fees are paid and that fees are non-refundable.

Signed: _____ Parent (or Guardian) Date: _____

MUSIC CAMP HEALTH SERVICE CONSENT

- In case of an accident or illness where treatment is not needed, but where my child is unable to remain at camp, I request the Camp to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached.
- In the event of a serious accident or illness, I request the camp to contact me at the phone numbers listed. If the camp is unable to reach me, I hereby authorize the camp to contact the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact the physician or dentist, the camp may make whatever arrangements are necessary to provide emergency care and treatment for my child.
- In the event of a life threatening accident or illness, I understand that the camp may contact 911 emergency medical system immediately, I agree to be financially responsible for this child’s care and treatment.

Signed: _____ Parent (or Guardian) Date: _____

IN THE EVENT OF AN EMERGENCY, WE WILL ACCESS THE 911 EMERGENCY SYSTEM. IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD, PLEASE SIGN THE FOLLOWING STATEMENTS

PERMISSION TO TRANSPORT STATEMENT

I do hereby state that I am the parent or guardian of the child names on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extend of the injuries. I agree to be financially responsible for this child’s treatment and transport. I will notify the camp of any changes of this information in writing.

Signed: _____ Parent (or Guardian) Date: _____

PERMISSION TO TREAT STATEMENT

I do hereby state I am the parent or guardian of the child names on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and state to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child’s treatment. I also request that I be notified of my child’s condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other persons listed above of my child’s condition and admission.

Signed: _____ Parent (or Guardian) Date: _____

THIS FORM IS EFFECTIVE FOR ONE YEAR FROM THE DATE SIGNED