

EMERGENCY MEDICAL RELEASE FOR CAMP CHRISTIAN SUMMER CAMP

SIGNATURE, AGREEMENT AND RELEASE:

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for the child named above in order to secure necessary, proper medical care. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my attention. I release the camp management and director in charge from all responsibilities in case of sickness or accident occurring during camp.

The Christian Churches in Georgia provide insurance on a **secondary or "excess" basis**. This means that if the injured party has other valid coverage, that coverage pays first and Camp insurance pays what the family's insurance does not pay. If the family has no other coverage, then Camp insurance will be primary coverage up to its limits. **I further understand that the camp management and director are not responsible for any medical expenses beyond the insurance policies coverage which is limited to illnesses and accidents which occur at camp and excludes pre-existing conditions.** I have provided proof of insurance to the camp.

****REGIONAL POLICY IS THAT YOUTH ARE NOT ALLOWED TO DRIVE TO AND FROM CAMP.**

**** ATTENDANCE FOR THE ENTIRE CAMP SESSION IS EXPECTED.**

"Camp Christian is not licensed and is not required to be licensed by the state."

Full Name of Camper _____

Signature of Parent/Guardian required regardless of age of camper

Verification of Insurance

Parent/Guardian/Caregiver name, address, phone number

Name of Insurance Company, Address and Telephone Number

Member Name

Member ID

Please list 2 other contacts and their contact information in the event we cannot reach you:

Name/relationship/phone
number _____

Name/relationship/phone
number _____