

*******CORE Sandy Springs Camping Student Medical Release Form*******

Activity Information: Potomac Baptist Church | 20747 Lowes Island Blvd. Potomac Falls, VA 20165

Trip Coordinator: Tom Newell

Dates & Location of Activity: Nov. 4-5, 2023 | The Adventure Park at Sandy Spring, Sandy Spring, MD

Student Name: _____

Emergency Contact Information:

Parent/Guardian Name(s) _____ Primary Phone: _____

Alternate Phone: _____

Alternate Emergency Contact: _____ Primary Phone: _____

Relationship to Student: _____ Alternate Phone: _____

Medical Information:

My student has the following medical conditions or allergies (*Please indicate severity*):

My student takes the following medications regularly (*Please include drug name, dose, and time of day taken*):

Medical Insurance Company: _____ Policy Number: _____

Insurance Co. address: _____ Phone: _____

I agree to the following guidelines:

- I give permission for medical attention to be given to my child in case of an accident, illness, or injury, including major surgery. I understand that I will be contacted as soon as possible in case of such an incident and that every effort will be made to contact me or my emergency contact before treatment is initiated.
- I agree to be financially responsible for any injury or other loss sustained, as well as to pay, either directly or through insurance, all medical or dental expenses incurred for emergency health care authorized by employees or agents of PBC.
- I acknowledge and accept the risks of injury associated with participation. I release from liability, promise to indemnify, and hold harmless PBC and any party acting for PBC for any injury arising directly or indirectly out of the Activity, even if the injury arises out of negligence.
- I release PBC to use any photograph or video of my child for promotional or educational purposes.
- I realize that I am requesting the Youth Ministry Staff to oversee my child. If he/she is unable or unwilling to respond to their oversight, I commit to personally pick up and bring my child home.

Signature of Parent/Guardian _____ **Date** _____