Pine Orchard
FREE METHODIST CAMP INC.

WAIVER & MEDICAL RELEASE FORM

Activity: Pine Orchard Teen Camp Date: August 31 – September 2, 2018

Name of Teen: _____ Age: _____

Address: _____

Phone: _____

Does your teen have any severe allergies? (bee stings, food, penicillin, other drugs)

YES _____ NO _____ If yes, explain: _____

Does your teen have any life-threatening allergies?

YES _____ NO _____ If yes, explain: _____

Is your teen bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES _____ NO _____ If yes, explain: _____

Does your teen have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of?

YES _____ NO _____ If yes, explain: _____

Check if your teen currently, or within the last three months, has had any of the following:

☐ Appendicitis	☐ Ear infection	☐ Hay Fever	☐ Mumps
☐ Asthma	☐ Epilepsy	☐ Hepatitis	☐ Severe Stomach Ache
☐ Bedwetting	☐ Diabetes	☐ Measles (Red)	☐ Sinusitis
☐ Chicken Pox	☐ Fainting	☐ Measles (German)	☐ Tonsillitis

Other:_____

Date of last Tetanus Shot: _____

Precautions are taken for the safety of your teen, but in the event of accident or sickness, Pine Orchard Camp, its staff, and its volunteers are hereby released from any liability. In the event that your teen requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permissions to the physician selected by Pine Orchard Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my teen as named above.

Your teen must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Family Physician: _____ Physician's Phone: _____

Parent/Guardian's Signature:_____ Date: _____