

**Lakeview Baptist Assembly**  
**P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871**  
**Medical Information/Consent/Agreement to Participate**

Church/Organization: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

(If different than participant's)

**Emergency Notification** Participant's Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: \_\_\_\_\_

Person not permitted to take Participant from camp: \_\_\_\_\_

Please include any other information you think we need to know on an extra sheet of paper.

**Medical Information**

Allergies (List): \_\_\_\_\_

Check any conditions: Diabetes  Epilepsy  Asthma  Heart  Chest Pain  Thyroid  Kidney  Dizziness  Back pain

Broken Bones  Bleeding Disorders  Operations  High Blood Pressure  Any Other Conditions \_\_\_\_\_

Explanation of the above: \_\_\_\_\_

Are all immunizations current: Yes  No  Date of Last Tetanus Shot: \_\_\_\_\_

List Medications currently being taken: \_\_\_\_\_

I/we hereby authorize the camp nurse or camp director to administer the medication listed on this form. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for a headache, fever, or upset stomach with the appropriate non-prescription medication excluding Aspirin and Pepto-Bismol.

\_\_\_\_\_  
Signature of parent/guardian (if participant under age 18)

**AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

**AGREEMENT TO HAVE PHOTOGRAPH TAKEN:**

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian (if participant under age 18)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date of Signature

**FOR ADULT SPONSORS ONLY**

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor.

\_\_\_\_\_  
Pastor/Staff Signature