

**CHILDREN'S MINISTRIES**

**CAMPER**

**MEDICAL TREATMENT CONSENT & LIABILITY RELEASE FORM FOR MINORS (California Civil Code Section 25.8)**

It is my desire that my child/ward participate in Alpine Summer Camp July 27 – August 1, 2025, therefore:

I the undersigned parent/guardian of \_\_\_\_\_, do hereby authorize the adult sponsor of LAGC or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to administer basic first aid, including splinter removal, and to give one time doses of over-the-counter medications including Tylenol or Motrin, Pepto Bismol or Mylanta, antibiotic skin ointment and sunburn creams or to obtain advanced medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

**FINANCIAL RESPONSIBILITY**

In the event of injury of illness to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward because of any injury of illness suffered during his/her participation at Alpine Summer Camp.

**RISK**

(Athletics, games, hiking climbing, weather, hobbies, tasks and other related activities and infectious diseases.) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child/ward to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against LAGC, staff or counselors because of any injuries suffered during my child's/ward's participation.

**DISPUTE**

In the event a dispute arises between myself and LAGC concerning injuries to my child/ward, then I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply, and arbitration must be requested within the appropriate period to preserve a right to recovery.

**TERM OF AGREEMENT**

This authorization will remain in effect from July 27 - August, 2025 while the minor is at Alpine Summer Camp, 415 Clubhouse Dr. Blue\_jay ,CA 92083 with LAGC.

Name (child/ward): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade completed in June 2025 : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT**

Parents/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact (other than parent) during week of camp: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Medical Ins. Co: \_\_\_\_\_ Group #: \_\_\_\_\_ Cert. #: \_\_\_\_\_

**MEDICAL INFORMATION:** Date of last Tetanus shot: \_\_\_\_\_

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Drug Allergies   | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Insect Stings    | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Cardiac           | <input type="checkbox"/> ADD/ADHD*          |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Physical Disorder | <input type="checkbox"/> Other              |

If you have checked any of boxes above, please give details: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

# ATTENTION DEFICIT DISORDER/ADHD FORM

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To help us better meet your child's unique needs, please complete this form. If any question does not apply, please indicate by placing "NA" in the space provided. Feel free to use as much space as necessary to give clear and complete information about your child. Be assured that the information on this form will remain confidential and will be used by camp staff only to assist us in providing a safe and fun experience for all who attend.

1. Has your child been clinically diagnosed with ADD or ADHD?  Yes  No  
When?\_\_\_\_\_ By whom?\_\_\_\_\_
2. Is your child taking medication\* prescribed specifically for ADD/ADHD?  Yes  No  
Please list:
  
3. What behavior problems, if any, does your child demonstrate? Keep in mind that each child is affected in different areas and intensities such as concentration, socialization, understanding and/or following directions, etc. Please be specific.
  
4. What escalates your child's behavior? For example: lack of sleep, interrupted routine, over stimulation, specific foods, etc.
  
5. In addition to medication or instead of medication, what techniques do you use to help calm and control your child's behavior? Be specific.
  
6. Is there anything else you would like us to know about your child?

\*If your child is taking medication DO NOT alter, adjust, withhold, or eliminate these meds for the week he/she is attending Green Oak Ranch. Thank you.

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