



HEALTH FORM for Keiki Camp 2018

(please print clearly...)

Medical Insurance Coverage

Medical Insurance Provider	Subscriber or Policy Number
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Emergency Contacts

First Name	Last Name	
Relationship	Phone Number	Alt Number

First Name	Last Name	
Relationship	Phone Number	Alt Number

LIABILITY RELEASE *(Please sign after printing)*

As the parent or guardian of the above named, I hereby grant permission for attendance as well as authorize Faith United Methodist Church to make any necessary decisions in case of emergency. I also hereby give permission to a physician selected by Faith United Methodist Church to hospitalize, secure proper treatment for, order injection anesthesia or surgery, for the above named, and will be responsible for any expenses incurred, including transportation back home if necessary for my child.

In no event will the Faith United Methodist Church, its staff, leaders or agents be held liable for any first aid rendered or treatment, drugs or medicines, or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from general first aid. Copies of this form may be made by Faith United Methodist Church will be considered as original.

Parent/ Guardian Name

Parent/Guardian Signature

Date



**Keiki Camp 2018
 Liability Waiver and Release Form**

I request that my child(ren), _____

be permitted to attend Faith United Methodist Church’s annual Keiki Camp. As the parent/legal guardian of the child named above, I accept general liability for my child’s participation, activities, and field trips throughout Faith United Methodist Church’s Keiki Camp and agree to indemnify and hold harmless Faith United Methodist Church, its employees, board of directors, officers, agents, and volunteers from any and all claims and liability for personal injury , death, or property damage as a result of my child’s participation in all of Keiki Camp activities and field trips. I intend this to be binding for myself, my child, my heirs, and executors, administrators and assigns.

By my signature below, I acknowledge that I have carefully read this liability waiver and release and fully understand its contents.

 Parent/Guardian’s Name (print)

 Parent/Guardian’s Signature

 Date

**Faith United Methodist Church
Keiki Camp**

Photo Consent Form

Keiki Camper's Name(s) _____

I do give consent for the taking of and using this child's/children photograph for the purpose(s) here stated and with the conditions here noted:

- I understand that the photographs taken will be used exclusively by Faith United Methodist Church;
- I understand neither I, nor the child, will receive payment for the taking of or using of the photos;
- I understand that Faith United Methodist Church will not sell any of the materials in which these photos are used;
- The photos taken will be used for newsletters, registration materials, flyers, slideshow presentations or other publications for exclusive use by Faith United Methodist Church;
- If requested, Faith United Methodist Church will provide me with a copy of the publications so that I may see how the photos are used.

Signature _____

Date _____

Name _____

Relationship to Child _____

Address _____

City _____

Zip Code _____