

# Be The Best You Camp 2020 Medical Release

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for youth who become ill or injured while attending "Be The Best You" Girls Camp (BBY) when parents/guardians cannot be reached.

Participant name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of July 13, 2020 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Health/Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical History** List any current medical, physical or emotional problems and explain (Write none if none):

List any known food, drug or other allergies:

List medications being used at this time:

Please put an "X" next to one of the following options:

1. \_\_\_\_\_ - I give permission for camp nurses to distribute recommended doses of the following medications for my daughter without contacting me should the need arise (Put an X next to the medications you would like to allow)  
\_\_\_\_ Ibuprofen \_\_\_\_ Advil \_\_\_\_ Tums \_\_\_\_ Pepto Bismol \_\_\_\_ Tylenol
2. \_\_\_\_\_ - Camp nurses must contact me before distributing any medication to my daughter.

## Medical Treatment Consent

I, \_\_\_\_\_, parent and or/legal guardian of \_\_\_\_\_ approve of my daughter's Attendance at the Be the Best You Camp (BBY) and give my permission for any/all emergency treatment deemed necessary by a licensed Practitioner for my child if I am unavailable. I, in my own behalf and on behalf of the Minor, release and hold harmless Barbara Barrington Jones Family Foundation and the Be the Best You, "BBY," Camp and it's affiliates, in the exercises of this authority. I understand this authorization does Not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of surgery. I agree to be responsible for any expenses incurred for such treatment. BBY insurance does not cover illness (such as cold symptoms, stomachaches, etc.) or pre-existing conditions. Participants and their parents will be responsible for any costs associated with treatment in event of an emergency. This consent is valid from **July 13 - 18, 2020.**

**Medical Release** I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the camp. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I agree to be responsible for any expenses incurred for such treatment

Each participant is included in a BBY limited coverage (\$2,500 maximum benefit) accident insurance policy while they are under the Immediate approved direction and supervision of BBY. I understand that if my daughter leaves the required supervision of her counselor and/or staff without permission or leaves campus after hours or without permission, she will not be covered by the BBY insurance.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed above. I agree that Minor shall bring medications, which Minor is currently taking; with her to the Camp and that she shall consume the prescribed dosage for such medications. These medications will be distributed daily to the participant through our camp nurse.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_