



MURPHYS Christian Camp

Camper Registration Form and Parental Consent

(NOTE: This form must be completed and submitted for every camper under age 18.)

Today's Date: _____ Camper's Name: _____
Date of Birth: _____ Age: _____ School Grade: _____
Parents' Names: _____ Address: _____
City/State: _____ Zip: _____ Phone No.: _____
Work Phone: _____ Fax No: _____

Are immunizations up to date? Yes No (circle one)

Date of Last Tetanus Shot: _____

List any medical conditions, current medications, food or drug allergies: _____

Emergency Contact other than above named parent(s): _____
Name _____ Phone _____

Name of organization sponsoring camp or retreat _____
Date(s) of camp or retreat _____

WAIVER and AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I hereby approve this camp application and certify to its correctness and expressly waive any and all claims against Murphys Christian Camp, Follow Up Ministries Inc., and _____ (sponsoring church or group) their boards and representatives because of any injury or other damage that may be incurred to the named applicant or said applicant's property in connection with or incident to the camp, retreat or related activity applicant is attending.

(I) (We). the undersigned, parent(s) of _____, a minor, do hereby authorize the responsible adults of Murphys Christian Camp, Follow Up Ministries Inc., or _____ (sponsoring church or group) as agent(s) for the undersigned to consent to any X-ray examination. anesthetic. medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 our aforesaid agent(s) to give specific consent to any and all such diagnoses. treatments or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California. These authorizations shall remain effective for one year past date written unless sooner revoked in writing delivered to said agent(s).

Signature of Parent or Guardian: _____ Date: _____

Camper's Doctor: _____ Doctor's Phone: _____

Medical Insurance Provider's Name: _____

Medical Insurance Policy Number: _____

___ Camper is not covered by medical insurance.