



Medical & Liability Form
Chosen Spotlight Players Musical Theater Camp

First Congregational Church, UCC
58 North Main Street, Canandaigua, NY 14424
office@canandaiguachurch.org, 585 394-2184

Name: _____ Birth date: _____

Home Address: _____

Phone Number: _____ e-mail: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Health History: (please check all that apply)

- Anemia, Asthma, High Blood Pressure, Diabetes, Heart Condition, Seizure Disorder, Other: _____

List any recurring problems, either physical or emotional _____

Date of last Tetanus Shot: _____

List any allergies to food, drugs or insect stings (if none, write none) _____

Medication Administration Permission

List current medication and dosages (if none, write none) _____

Please read carefully and check one of the following boxes: (You must check one box below)

My child has my permission to take or be given any over the counter medication (examples include but are not limited to: Tylenol, Motrin, Advil, Midol, Immodium AD, Pepto Bismol, Benedryl) This medication will be administered by the Chaperone/leader in charge at his/her discretion

My child may be given only the following over the counter medications:

My child is not permitted to take any over the counter medications.

Medical Contacts

Family Physician _____ Phone: _____

Do you carry family medical/hospital insurance? _____

If so, please indicate: Carrier _____

Contract/Group # _____

Individual Agreement # _____

Release/Consent Form

My child (name of participant) _____ is given permission to participate in all of the activities of the Chosen Spotlight Musical Theater Summer Camp at The First Congregational Church, UCC in Canandaigua. We (I) do hereby release, forever discharge and agree to hold harmless said church from any and all liability, claims or demands for person injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while said child is participating in above described programs.

Furthermore, we (I) on behalf of our (my) child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to defend, hold harmless and indemnify said church conference, its officers, employees and agents, for any liability sustained by said church conference as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Parent 1: _____ Date: _____

Parent 2: _____ Date: _____

Legal Guardian: _____ Date: _____

I have read the foregoing and understand the rules of conduct for participants in youth group functions and will abide by them as well as the directions of the leadership of these programs.

Participant: _____ Date: _____

God is still speaking,