



Registration and Medical Release Form

(This form may be reproduced but not altered.)

Camp Attending: _____ Camp Date: _____ Sponsor Church: _____
 Name _____ Sex _____ Grade Completed _____ Birthdate _____
 Address _____ City _____ State _____ Zip Code _____
 Church Membership: _____
 T-Shirt Size: _____

I have read and agree to abide by the Alto Frio Baptist Encampment camper rules and will cooperate with the leaders and fellow campers.

Camper's Signature _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Alternate Phone Number (____) _____

Family Physician's Name _____ Phone number _____

Name of primary insurance policy _____ Policy number _____

Date of last Tetanus shot _____ Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____ Date of Measles/Mumps/Rubella Vaccine _____

The following are yes/no questions, please explain details of current conditions on back of Medication & Dietary Form.

Has The Camper Had:

Appendix Removed _____ Chicken Pox _____ Fainting Spells _____ Asthma _____
 Heart Problems _____ Seizures _____ Diabetes _____ Allergies to Food or Medications _____
 Allergies to Bites or Stings _____ Seasonal Allergies _____

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twentyfour (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp.

Parent's Signature: _____

Emergency Contact Name _____ Phone (____) _____

Please complete this form ONLY if the camper is taking any medication or has special medical needs.

PRE-TEEN CAMP 2019
Additional Medical/Medication Information Form

Please complete this form only if the camper is taking any medication or has special medical needs.

Camper's Name _____
Parent/Guardian Name(s) _____
Address _____ City _____ State _____ Zip Code _____
Home Phone Number (____) _____ Business Phone Number (____) _____

Medical Information

Limitations:

Special Instructions:

Medication Information

Medication: _____
Purpose: _____
Dosage: _____
Side Effects: _____
Time(s): _____
Limitations: _____
Special Instructions: _____

Medication: _____
Purpose: _____
Dosage: _____
Side Effects: _____
Time(s): _____
Limitations: _____
Special Instructions: _____

Medication: _____
Purpose: _____
Dosage: _____
Side Effects: _____
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Medication: _____
Purpose: _____
Dosage: _____
Side Effects: _____
Time(s): _____
Limitations: _____
Special Instructions: _____

Parent's/Legal Guardian's Signature _____ Date _____

Medication, Dietary & Allergy Information Form

- Medications MUST be in the original medication prescription bottle
- The medication prescription bottle MUST match what the camper actually takes AND match the camper's name that is on the Medical Release Form.

Example: (1) Atenol 50mg on tab daily

But, the camper state: *I only take ½ of that pill.*

(2) Synthroid 137mcg one at bedtime

But, the camper states: *I take it in the morning not at bedtime.*

The camper will be given medication as stated on the prescription.

- Campers should not bring any over-the-counter medications such as: Benadryl, Tylenol, Zyrtec, unless a specific brand has been prescribed by a doctor OR vitamins. We will administer over-the-counter-medication to your student from our medication cabinet as you have listed on the medication form.
- All medications must be in date and note expired. *Including Epi-Pens, Inhalers, Nebulizer Medications & Insulin.*

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Dietary Information: Alto Frio is happy to provide dietary accommodations to anyone whom it is **MEDICALLY NECESSARY**. Please check the appropriate box:

I DO NOT require special dietary considerations

I DO require special dietary considerations

Please list any medically necessary special dietary requirements: _____

I, _____, parent or guardian of, _____,
authorize the Alto Frio Camp Medical Professional to distribute any prescribed
medications to my child that meet the above mentioned guidelines. **Initials:** _____

I, _____, parent or guardian of, _____,
authorize the Alto Frio Camp Medical Professional to distribute any over-the-counter
medications as deemed necessary by said professional. **Initials:** _____

Parent/Guardian Signature: _____ **Date:** _____

Oakwood Baptist Church Medical & Surgical Waiver

To be filled out by parents or guardians IF PERSON is under 18 years of age.

I, _____, the parent and /or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on any trips sponsored by Oakwood Children's Ministry while they are an active participant in this ministry.

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, on their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any trips or events.

Parent's Signature: _____ Date: _____

Oakwood Baptist Church Media Release for Minors

I, _____, give Oakwood Baptist Church permission to use and publish in any locality the film, recordings, and/or photographs taken of my child, _____, in whole or in part and to use and/or authorize the use of my child's name in any form of advertising or publicity connected with Oakwood Baptist Church.

Parent Signature: _____ Date: _____



CAMP RULES

1. **Personal Responsibility**—Respect others and the camp. Any actions that may cause injury, damage, or harm to yourself, another person or the facility should be avoided.
2. **Safety**—Camp Sponsors are given guidelines and emergency procedures. Follow all facility and safety instructions given by Sponsors for you own personal wellbeing.
3. **Medical Protocol**—All personal medical prescriptions must be given to the Alto Frio Nurse at registration. The AF Nurse has oversight of all first aid and medical situations. Each camper must provide a completed and signed Medical Release Form at check-in.
4. **Property** —Each camp is assigned specific buildings and areas. Please go into those areas only. The River is not part of Alto Frio property. Campers should not go into the river unless part of a scheduled event.
5. **Curfew**—Curfew for camp activities is 12:00 midnight. All campers should be in assigned dorms by that time.
6. **Vehicle Usage**—Vehicles should be parked in designated areas during camp stay. Campers should not be riding in or on any vehicle including golf carts.
7. **Dress Code**—Dress while at camp should meet the highest Christian standards. Campers with clothing that is to revealing, with inappropriate messages, or draws unnecessary attention will be asked to change into appropriate clothing. Example: Two-piece bathing suites should be covered with a colored t-shirt. For personal safety, shoes should be worn outdoors at all times.
8. **Restrictions**—The following items/activities are prohibited:
 - Alcohol & any Illegal drugs
 - Smoking
 - Weapons of any kind
 - Fireworks
 - Pets
 - ATV, Skateboards, Rollerblades or skates
 - Public displays of affection

Alto Frio operates under an annual permit issued by the Texas Department of Health. We are required to operate according to the Texas Youth Camp Safety and Health Act. Our policies, rules and procedures reflect those requirements.

Note To Parents

What do they need to bring? Bible, pen/pencil, tennis shoes, sleeping bag, personal linens, pillow, towels, personal toiletries, swimsuit (girls: ONE piece only), sunscreen, insect repellent, flashlight, casual GODLY appropriate attire.

What NOT to bring! Prank supplies of any kind, shaving cream, two piece swimsuits, personal electronic devices, fireworks, matches, drugs, weapons, etc. This also includes cell phones.

What if we have a family emergency? If you need to get in touch with us or pick your child up, please know that you can call **Jody Burkhalter on his cell at 830-708-6383**. If this does not work, please call the camp at 830-232-5271.

HELPFUL TIPS

Be sure all clothing and articles being taken to camp are appropriate and are marked with the child's name. Campers are responsible for their own personal belongings.

Bring a sleeping bag, pillow and at least 2 towels (one for showering and the other for swimming). If you bring sheets instead of a sleeping bag, bring a blanket. It can get cold at night.

Kids are allowed to bring their own snacks; however, they are not allowed to sell those snacks. Please remember that all food and clothing must fit into one suitcase.

Kids should NOT bring more than \$20 to camp. There is a snack bar and gift shop. Just remember that kids are responsible for their own finances. Please mark the child's billfold, purse, etc with their name and instruct them to keep their money with them all times.

Don't expect too many calls from camp. The kids are kept very busy. If they do plan on calling home there are pay phones available. Try and send them with a phone card and clear instructions on how to use it, as kids have a hard time dealing with operators and calling collect.

All medication must be in its original package noting the prescription, dosage, and what it is for. Please place medications in a re-sealable bag with labeled with the child's name. These must be turned in to the camp nurse and the child will need to see the nurse for the dispensing of the medication.

If your child desires to take a camera with him/her, you may want to send a disposable one with the name of the child and the name of the church on it. This helps the chances of getting it back if lost.



Packing List

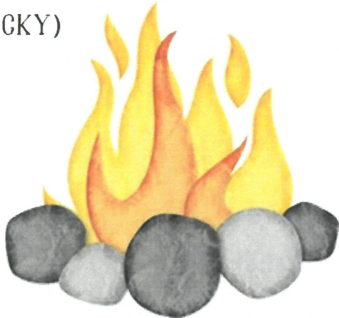
SUMMER CAMP

PERSONAL ITEMS:

- ___ SLEEPING BAG OR TWIN BEDDING
- ___ PILLOW
- ___ TOILETRIES (SOAP, SHAMPOO, TOOTHBRUSH/ PASTE, ETC)
- ___ BRUSH OR COMB
- ___ TOWELS & WASHRAGS
- ___ BEACH TOWEL

CLOTHING:

- ___ PANTS
- ___ SHORTS (MUST BE MID-THIGH OR LONGER)
- ___ SHIRTS (NO RAZORBACK. UNDERGARMENTS SHOULD NOT BE SEEN)
- ___ PAJAMAS
- ___ RAINCOAT, PONCHO OR UMBRELLA
- ___ TENNIS SHOES
- ___ SOCKS
- ___ UNDERGARMENTS
- ___ FLIP FLOPS FOR GOING TO POOL
- ___ RIVER SHOES (OUR RIVER IS VERY ROCKY)



MISCELLANEOUS:

- ___ BIBLE
- ___ NOTEBOOK & PEN
- ___ INSECT REPELLANT
- ___ SUNSCREEN
- ___ FLASHLIGHT
- ___ MONEY FOR CONCESSIONS & GIFT SHOP

MEDICATIONS:

- ___ ALL OVER THE COUNTER MEDICATIONS ARE PROVIDED AND DISPENSED THROUGH THE CAMP NURSE. DO NOT SEND OVER THE COUNTER MEDICATIONS.
- ___ PRESCRIPTION MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AND THE NAME ON THE BOTTLE MUST MATCH THE CAMPER'S NAME. NO LOOSE PILLS WILL BE ACCEPTED.
- ___ ALL MEDICATIONS & INSTRUCTIONS MUST BE LISTED ON THE MEDICAL RELEASE FORM.

DO NOT BRING:

- ___ GUNS, KNIVES, OR WEAPONS OF ANY KIND
- ___ TOBACCO, ALCOHOL, VAPE, OR ANY DRUGS
- ___ FIREWORKS
- ___ PETS, ATV, SKATEBOARDS, ROLLERBLADES OR SKATES