Ozark Mission Project

Release Form

Summer 2021

Camper Name: _____ Phone: _____ DOB: ____/____/_____

Address: _____
Street City State Zip Code

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____ Policy #:_____

Name of Pharmacy Card: _____ RX Number: _____

Allergies: _____

Surgeries: _____

Current Medications: _____

Name of person responsible for distributing medication: _____

Date of last tetanus shot: _____ Do you wear glasses or contacts? Yes No

Are there any present physical or mental medical conditions (such as heart disease, diabetes, bi-polar disorder, etc.) that would need to be disclosed to a physician if camper was taken to the emergency room? *(Please be as detailed as possible in case a third party not familiar with camper's medical history has to communicate with an attending physician in an emergency situation. All disclosures will be handled with confidentiality.)*

_____

_____

_____

By signing this form, I agree:

For Ozark Mission Project to obtain any reasonable medical treatment or emergency medical care as deemed necessary by a licensed physician. I agree to pay for any treatment or medicines that I (or my child) receive(s).

I release and agree to hold harmless Ozark Mission Project and any related agency, conference, district, local church, member, employee, volunteer, or agent, from any liability, injury, damage or loss (including without limitation electronic devices), accidents, delay, or irregularity related to my (or my child's) planned participation or involvement in Ozark Mission Project.

Ozark Mission Project reserves the right to remove and refuse camper participation, at OMP's sole reasonable discretions, now or in the future for any reason. By signing this statement, I understand I (or my child) am subject to the exercise of this right as deemed necessary by OMP and to pay for any cost incurred by OMP directly related to my suspension or dismissal.

Ozark Mission Project has permission to use my (or my child's) picture or other images on the OMP Website, in newspapers, in brochures, or other media.

_____ _____

Signature Date