

2016 Escape Student Registration Form

This form must be turned in to your Youth Minister

If you do not current belong to a youth group, please call the camp office (423-743-3910) or email us (info@campacc.com) for instructions.

Student's Name _____ Email _____
Address _____
City, State, Zip _____ Home Phone (____) _____
Gender M F Date of Birth _____ Current Grade _____
Parent's Name(s) _____
Parent's Email _____
Lives with: Both Parents Mother Father Other _____
Mother's Work Phone (____) _____ Mother's Cell (____) _____
Father's Work Phone (____) _____ Father's Cell (____) _____
Emergency Contact Name _____ Phone (____) _____
Church Name _____ City _____
Roommate Request 1. _____ 2. _____

Health Information

Student's Physician: _____ Physician Phone: _____
Insurance Carrier: _____ Policy # _____ Tetanus Vaccination Date: _____
Allergies: _____
Additional Health Information: _____

Your initials/signature here verifies that your child may receive the below initialed over-the-counter medications in the event that he/she should need them during this camp session. The initialed medications will be administered according to the manufacturer's instructions.

Please initial those medications which can be administered to your child:

_____ Tylenol (acetaminophen)..... For minor pain
_____ Ibuprofen..... For minor aches or pain
_____ Calamine lotion For bug bites, poison ivy, or other itching rashes
_____ 1% Hydrocortisone cream..... For bug bites, poison ivy, or other itching rashes
_____ Zyrtec For minor allergic reactions (runny nose, sneezing, itching/watery eyes)
_____ Benadryl..... For minor allergic reactions (runny nose, sneezing, itching/watery eyes)
_____ Sting relief swab/liquid For bug bites/stings
_____ Maalox For stomach ache (without vomiting/diarrhea)
_____ Tums For stomach ache (without vomiting/diarrhea)
_____ Topical antibiotic ointment For superficial cuts/scrapes
_____ Aloe..... For sunburn, skin irritation

I give my permission to Appalachian Christian Camp for: over the counter medications to be given to my child by the First Aid Attendant; medical treatment to be administered to my child in such case as deemed necessary by a trained medical professional; my child to be taken off campus for any camp related activity. I give my child permission to participate in all recreation activities, including but not limited to swimming, climbing on the indoor rock climbing wall, and participating in ropes course activities and I hereby release Appalachian Christian Camp of all liability from injuries that might occur during such activities. I also agree that by providing a "Parent's Email", that my confirmation material will be emailed and I understand that it is my responsibility to ensure that emails from campacc.com will pass through all filtering systems. I understand that cell phones & electronic devices are not allowed at Camp ACC, and to the best of my ability I will not allow my child to bring such devices. I further give the right to the Camp ACC staff to confiscate a cell phone or any other electronic device my child brings to camp, until the dismissal of the camp session. I understand that Appalachian Christian Camp provides secondary insurance for any injuries that occur during camp. I release all photos, videos and audio tapes of my child to Appalachian Christian Camp for promotional purposes. I certify the information on this form to be true.

(Signature of Parent/Guardian) (Date)