



Day Camp MERCI Forms

(Medical, Emergency, Release,
Covenant, Information)

Information

Participant Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ School/Grade: _____
Email: _____
Caregiver #1 Name: _____ C#1 Cell: _____
Caregiver #2 Name: _____ C#2 Cell: _____
C#1 Email: _____ C#2 Email: _____

Emergency

Emergency Contact: _____ Emer. Phone: _____
Family Physician: _____ Office Phone: _____
Med. Insurance Company: _____ Insurance Phone: _____
Group #: _____ Policy #: _____

Medical History

Allergies & Reactions: _____

Medication & Instructions: _____

Medical Restrictions: _____

Additional Physical/Emotional/Dietary Concerns: _____

Please cross out any medications that should **NOT** be given to the participant (your child).

Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)
Diphenhydramine antihistamine (Benadryl) Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin) Dextromethorphan cough syrup (Robitussin DM)
Sore throat spray (Chloraceptic) Generic cough drops
Antibiotic cream Benadryl cream
Calamine lotion Cortaid
Laxatives for constipation (Ex-Lax) Bismuth subsalicylate (Kaopectate, Pepto-Bismol)
Tums/Milk of Magnesia/Immodium Latex bandages

Any other over-the-counter medicines **NOT** to give:

Complete and mail with \$12 check to Foothills Presbytery, 2242 Woodruff Road,
Simpsonville, SC 29681

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Release of Permission & Liability

- ☐ I understand that safety is of utmost concern to Camp Buc and its staff and advisors. I also understand that perfect safety cannot be assured in our world or at ministry events.
- ☐ I give permission to for my child (or myself) to participate in all activities, retreats and events of the Camp Buc Day Program. I acknowledge further that s/he (or myself, as an adult participant) is in good health, under no activity restrictions that are not discussed above.
- ☐ I give permission for her/him (and myself) to travel to and from camp activities with Camp Buc staff and advisors.
- ☐ Camp Buc may use photos of my child at ministry events for church purposes.
- ☐ I agree to hold harmless Camp Buc, its staff and advisors, from any and all liability for injury, damage or loss of life from participating in outdoor ministry events.
- ☐ In the event of sickness or injury at ministry events, I give permission to Camp Buc staff and advisors to offer necessary medical attention for my child, whether that be band aids or CPR. In the event of a medical emergency needing hospital attention, I authorize the doctor to perform any treatment and emergency procedures, in consultation with the Camp Buc staff and advisors.
- ☐ I understand that a child's behavior can significantly disrupt outdoor ministry events, and that staff and advisors may need to minister to the behavioral issues of my child. If my child's behavior at a Camp Buc event is unacceptable, I assume responsibility for returning them home immediately.
- ☐ Should there be any change of family, emergency or medical information, I promise to update Camp Buc.

Adult or Parent: _____

Date: _____

Covenant

- ☐ As part of a caring community, I will include and support all people in Camp Buc Outdoor Ministries.
- ☐ I will participate in positive ways, challenging myself individually, rejoicing in group success, and comforting others in our mutual weaknesses.
- ☐ I will not behave in any way that disrespects or threatens the value, spirit or peace of myself, others or the group. I will not use violence, coarse language or cruelty.
- ☐ I will follow directions and not break the rules established by the leaders.
- ☐ I will strive to grow in my relationship with God.

Participant: _____

Date: _____

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