



Camp Director Use: Cabin Number: _____
Church Name: _____
Paid/Bill to Church: _____

CHILD PICKED UP:
Date/time: _____
P/U By: _____

Phelps County Baptist Association Camps 2026

_____ Day Camp (Completed Grades K-1st) July 27, 2026 \$10.00 fee

_____ Overnight Camp (Completed Grades 2nd – 3rd) July 17-18, 2026 \$15.00 fee

_____ Pre-Teen Camp (Completed Grades 4th=6th) July 22-25, 2026 \$45.00 fee

Name: _____ Male/Female

Birthdate: _____ Grade Completed: _____

IS THIS CHILD IN FOSTER CARE? YES _____ NO _____

Parent/Guardian Name: _____

Home Address: _____

Parent/Guardian Email: _____

Parent/Guardian Telephone: _____

Alternate Contact Name & Telephone _____

Relationship: _____

The following people* are approved to pick up my camper:

*Photo ID must be presented when picking up camper.

What church does the camper attend?

Has the camper professed faith in Jesus Christ as Savior?

Has the camper been baptized? _____

What church activities is the camper involved in?

Is there anything you want us to know about your camper (personality traits, fears, strengths, weaknesses, personal struggles)?

I have read the Camper Information Sheet and Rules for Camps and agree to abide by these expectations.

Camper Signature

Parent/Guardian Signature

___ I give Phelps County Baptist Association and its personnel permission to take pictures and/or videos of my child to use for camp promotional purposes and/or in the Messenger newsletter.

___ I DO NOT give Phelps County Baptist Association personnel permission take pictures and/or video of my child.

Parent/Guardian Signature

I will not hold Phelps County Baptist Association responsible in the event of an unforeseen accident or illness affecting my child. I grant permission for my child to participate in all camp sports and activities unless listed and discussed below. I recognize that there is an element of risk in activities I or my child will participate in while attending PCBA Baptist Camp. I assume full responsibility for my child and myself for any accident or injury that may occur while attending PCBA Baptist Camp. I hereby release, indemnify, and hold harmless Phelps County Baptist Camp, its agents and employees, from and against any and all claims, liabilities, suits, actions, and attorney's fees, and including without limitation any act, omission, or negligence of PCBA Baptist Association, its agents or employees which may arise or in any way be connected to my child's/my stay or participation in activities at PCBA Baptist Camp.

Parent/Guardian Signature

PRINT Parent/Guardian Name

T Shirt Size if needed. (Shirts are only guaranteed for those who submit forms prior to the enrollment deadline.)

__ Youth Small __ Adult Small __ Adult XL
__ Youth Medium __ Adult Medium __ Adult XXL
__ Youth Large __ Adult Large

PCBA CAMP HEALTH INFORMATION AND MEDICATION FORM:

Health Information:

Emergency Contact/Telephone: _____

Primary Care Physician/Telephone: _____

Please list all allergies (medication, foods, bee stings, etc.)

Does camper have asthma? _____

Is camper up to date on immunizations? _____ Is camper's tetanus shot current? _____

Please list any medical conditions/concerns that we need to be aware of:

I give the personnel of Phelps County Baptist Association Camps permission to administer the following over-the-counter medications as needed:

___ Tylenol ___ Ibuprofen ___ Benadryl ___ Caladryl Lotion ___ Cough Drops ___ Orajel
___ Topical Antibiotic Ointment (Neosporin) ___ Sunburn (Lidocaine) Spray
___ Hydrocortisone Cream

In the event that I cannot be reached in an emergency, I hereby give permission for the **physician selected** by the Camp Director or Camp Administrator, to secure proper treatment, to order injections, to hospitalize, and/or to authorize anesthesia or surgery for my child, named above.

Please provide signatures from both parents/guardians.

Parent/Guardian Signature

Parent/Guardian Signature

Please complete the form on the following page for ALL current medications, prescription & non-prescription.

*All medications must be in original bottle or container with pharmacy label and name of doctor.

*DO NOT pre-dose your child's medication.

PCBA CAMP MEDICATION FORM (if needed)

For the safety of each camper, all medication, prescription or non-prescription drugs, will be held at the camp nurse’s station and administered by the camp nurse. In the absence of the camp nurse, medication will be administered by the camp director or the camp administrator.

Camper: _____ Parent Phone # _____

Church/City _____ Alternate Phone # _____

***All medication must be in its original prescription bottles. Do not pre dose your camper’s medication.**

***Please fill out left side of table with medication, dose and time.**

Name of Medication	Dosage	Time	Signature and Time Administered (Nurse Use Only)				
			Monday	Tuesday	Wednesday	Thursday	Friday

Comments/Instructions: _____

Parent/Guardian:

I, _____, Parent/Legal Guardian of _____

authorize the camp nurse/camp director/camp administrator to administer the medications listed above. I authorize the camp staff listed above to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature

Date

Camp Nurse

Date