OAK GLEN | Christian Conference Center

Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Minor

In order to comply with state laws we ask for the following Health History/Medical Consent Form completed by the parent or legal guardian for each camper under the age of 18 attending events held at the Oak Glen Christian Conference Center (OGCCC). The minor cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Student Name _____ DOB _____ Gender _____ Ht ____ Wt ____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Mobile Phone _____ Grade in School _____

Parent/Guardian Name(s) _____ Daytime Phone _____

Evening Phone _____ Mobile Phone or Pager _____

Emergency Contact (other than parent) _____ Relationship to Camper _____

Daytime Phone _____ Evening Phone _____

Names of anyone other then parent/guardians(s) authorized to pick up or sign camper out of camp:

_____

Medical Information:

Is your child covered by medical/hospital insurance? Yes ☐ No ☐

Insurance Carrier _____ Policy # _____

Name of Responsible Party

_____

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes ☐ No ☐

**If no, please attach explanation*

Has your child recently been exposed (within last 3 weeks) to any kind of communicable disease?

_____

Minor Release of Liability and Medical Consent Form:

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If your child has ANY chronic condition, including any of the following: Asthma,

Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps,

Seizure Disorder, or require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.

_____

Please list ALL allergies:

Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications Camper will require while at camp and reason for taking the medicine:

_____

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my child.

I have requested OGCCC to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I grant OGCCC the right to use any digital images, recordings, or photos taken of me, or my minor children, while attending events at OGCCC to be utilized in promotional written or electronic marketing materials for OGCCC.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____

Ambassador Youth Winter Retreat
Waiver of Liability & Medical Release (Minor)

Event: Ambassador Youth Winter Retreat
Dates: December 18-21, 2026

I, the undersigned parent/legal guardian, give permission for my child, named above, to participate in the **Ambassador Youth Winter Retreat** from **December 18-21, 2026**, including transportation to and from the event site.

I understand that the event will be supervised by authorized staff and volunteers of **Ambassador Youth Ministry** and that reasonable safety precautions will be taken. However, I acknowledge that participation in any activity—including transportation, games, outdoor recreation, and lodging—involves inherent risks of injury.

Release of Liability

In consideration of my child's participation, I hereby release, discharge, and hold harmless **Ambassador Church**, its pastors, employees, agents, volunteers, and representatives from any and all liability, claims, demands, or causes of action that may arise from personal injury, illness, accident, or property damage incurred by my child during or as a result of participation in this retreat, except in the case of gross negligence or intentional misconduct.

This release is intended to be as broad and inclusive as permitted under California law.

Medical Consent

In the event of an emergency, I authorize the adult leaders of **Ambassador Youth Ministry** to obtain any necessary medical treatment for my child, including but not limited to first aid, CPR, hospitalization, surgery, or administration of medication, under the supervision of qualified medical personnel.

I understand that I will be contacted as soon as reasonably possible. I accept full responsibility for any medical expenses incurred as a result of treatment provided to my child.

Student Name: _____

Parent/Guardian Printed Name:_____

Parent/Guardian Signature:_____ Date: _____