

**Trail Christian Fellowship Annual Medical and Media Release Form  
For All 2026 Kids & Teen Activities**

This form must be completed and returned to Pastors Robert Milton & or Jeremy Hascall  
before you may participate in events for the year.

Name(s) of Children: \_\_\_\_\_

\_\_\_\_\_

Birthdate(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Phone: \_\_\_\_\_ Texting: Y N

Health Insurance: Y N Provider: \_\_\_\_\_

ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Food/Other Allergy (s): Y N if Yes, please list: \_\_\_\_\_

\_\_\_\_\_

List Child's name & any medications they are taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_: PERMISSION TO TREAT ABOVE LISTED (EVEN A MINOR)

(Initial to allow) I authorize Trail Christian Fellowship, in whose care the above listed has been entrusted, to consent to any emergency transportation, x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned to this authorization.

\_\_\_\_\_: MEDIA RELEASE

(Initial to allow) I hereby grant permission to Trail Christian Fellowship to use photos and videos containing the face and likeness of above listed for various purposes such as printed material, publications, displays, video productions, Pro Presenter presentations, etc., as well as for the various TCF sites on the internet.

\_\_\_\_\_  
(Legal Responsible Party Signature)

\_\_\_\_\_  
(Date)

## Camp Mahanaim 2026 Medication Log

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_ Parent/ Guardian's Phone: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Medical diagnosis/problems: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Instructions: Please write the name of the medication(s), dosage of medication to be taken, Time of day to give medication (s). (All medications must come in the original prescription containers and must be administered as the label specifies). All medications must be given to the camp nurse upon arrival and any remaining medications will be returned to parent after camp. **Please send only the amount of medications needed:**

Name medication/ Dosage/ Time to give	Day 1 Time med given	Day 2 Time med given	Day 3 Time med given	Day 4 Time med given
1.)				
2.)				
3.)				
4.)				

**Camp supplied Medications:** A limited supply of certain over the counter medications will be available for use, however permission to use any of the below listed medications must be initialed by the custodial parent/guardian in the box to the left of each medication for camp RN to administer any of these to your child.

Initials of parent/Guardian	Medication/Frequency	Dosage
	Acetaminophen As needed for fever >99.5 or pain Every 4-6 hrs	Wt:36-47lbs-240mg Above 95lbs: 650mg 48-59lbs-320mg 60-71lbs-400mg 72-95lbs 480mg
	Diphenhydramine As needed for allergic reaction Every 4-6 hrs	6-12 yrs old 12.5mg-25mg
	Tums every 6 hours As needed for sour stomach/ diarrhea/indigestion	1-750mg tablet
	Ibuprofen Every 6-8hrs As needed for fever >99.5	Wt:36-47lbs-150mg Above 95lbs:400mg 48-59-200mg 60-71-250mg 72-95-300mg
	Hydrocortisone As needed for itching/rash 2-4 times/day	1% topical

I have read and understand the above guidelines regarding the dispensing of medications to my child and authorize Camp Mahanaim's RN to administer the above medications . I have written the name(s) of the medications my child is presently taking and directions for administration. I have initialed all camp supplied medications and agree upon the dosage. Camp supplied medications will be given at the discretion of the camp RN. Parent/ Guardian

signature: \_\_\_\_\_ Date: \_\_\_\_\_