

# PENN WEST KIDS CAMP EMERGENCY SHEET

CHILD'S NAME \_\_\_\_\_ CHILD'S WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

PARENTS/GUARDIAN NAME \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ALT. PHONE \_\_\_\_\_

## ALLERGIES

**MEDS/DOSAGES** (Please note day/time to be administered and why the child takes the medication)

PERMISSION TO ADMINISTER AGE APPROPRIATE DOSES OF OVER THE COUNTER MEDICATION AS  
NEEDED. (TYLENOL, ADVIL, TUMS, BENADRYL ETC) \_\_\_\_\_ YES \_\_\_\_\_ NO

COMMENTS: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For camp nurse use only:

[illegible]

# PARENTAL HEALTH AND CONSENT FORM

CHILDS NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

OTHER IMPORTANT MEDICAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned Parent/Guardian of the above named camper, having fully read and completed the attached information request for the above named minor child to attend Penn West Kids Camp at Little Mahoning Bible Camp in Smicksburg, PA from July 12th to July 17th, 2026. In my capacity as Parent/Guardian, I hereby waive any right that I have, or said minor child, may have to sue Zion Church, or any of their employees or volunteers as a result of any and all injuries, damages, or losses sustained by the above mentioned minor while participating in the program.

I further agree to hold Zion Church, and any of their employees or volunteers harmless and to bear the cost of their legal defense if any suit or legal or equitable action is brought against them as a result of any and all injuries, damages, or losses suffered by the above mentioned minor while participating in the program.

Finally, I appoint the camp nurse practitioner, Melanie Best DNP, PNP-C or any other adult she may appoint and who has possession of this document, to give consent for emergency medical or surgical treatment of the above named child by a licensed medical provider.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date