

Lakeview Baptist Assembly  
Camps-Conferences-Retreats

Medication  
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:    M    F  
(Month/Day/Year)

Church group student came with \_\_\_\_\_  
(Church Name) (Church City & State)

Name of medication \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication:    Tablet    Pill    Capsule    Liquid    Inhalation  
   Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature \_\_\_\_\_ Daytime Phone # (include area code) ( ) - \_\_\_\_\_ Evening Phone # (include area code) ( ) - \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_

Notes or comments: \_\_\_\_\_

Lakeview Baptist Assembly

P. O. Box 0130 - Lone Star, Texas - Phone 903-656-3871

Medical Information/Consent/Agreement to Participate

Church/Organization: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Number & Street) (City & Zip Code)

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If different than participant's)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager \_\_\_\_\_

Emergency Notification

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: \_\_\_\_\_

Person permitted to take Participant from camp: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction): \_\_\_\_\_

Check any conditions: Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Heart \_\_\_ Chest Pain \_\_\_ Thyroid \_\_\_ Kidney \_\_\_ Dizziness \_\_\_ Back pain \_\_\_

Broken Bones \_\_\_ Bleeding Disorders \_\_\_ Operations \_\_\_ High Blood Pressure \_\_\_ Any Other Conditions \_\_\_\_\_

Explanation of the above: \_\_\_\_\_ List Any dietary or Physical Restrictions on back: \_\_\_\_\_

Are all immunizations current: Yes \_\_\_ No \_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

List Medications currently being taken: \_\_\_\_\_

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. \_\_\_\_\_

Signature of parent/guardian (if participant under age 18)

Date of Signature

Signature of participant

Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?) \_\_\_\_\_

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

Pastor/Staff Signature

**LAKEVIEW BAPTIST ASSEMBLY**  
**PLEASE RETURN YELLOW COPY OF CONFIRMATION FORM &**  
**DEPOSIT WITHIN 10 DAYS FROM RECEIPT**

Thank you for considering Lakeview for your retreat. We hope the Lord will be glorified during this time. Please keep in mind that this is a Christian camp; we seek the highest standards of our Lord and Savior, Jesus Christ. Alcoholic beverages and illegal drugs are never permitted and any person found in possession will immediately be ejected from premises. Smoking on the campgrounds or in building is also prohibited as are all tobacco products, including smokeless (snuff, etc.). Enclosed you will find our camp rules, price list, confirmation form, camp map, and medical release form, if applicable. Please read through this page and each of the others thoroughly and carefully.

**Activity Confirmation Form:** Please fill in all missing details in sections 1, 2, and 3, especially highlighted items and arrival and departure times. Please list under Special Needs Category any dietary needs, any audio or video equipment needs, pool and time (in season), campfire and time, gymnasium and time, etc. *Retreats must take meals through our food service department at regular scheduled times.*

**Campers Registration/Medical Release Form:** If you are bringing minors without their parents, (under 18 years of age), The State of Texas requires that this form be filled out in its entirety. Minors without signed medical release form will not be allowed to stay. Camps: turn in forms and medicine to nurse upon arrival. Retreat: bring completed forms with you. In case of accident, forms must be given to Administrator or director on duty before going to the hospital.

**Camper's Insurance:** Lakeview carries an accident insurance policy on registered guests. This policy will pay only to its limits. Sickness and pre-existing conditions are not covered. This policy will pay only for accidents immediately reported to the Encampment. This insurance does not cover members of your group who may leave the grounds during your scheduled stay. Unauthorized activities may not be covered. All claims must be reported on forms provided by the Encampment.

**Liability Insurance:** Lakeview's liability insurance is limited to Lakeview premises. All recreation scheduled by Lakeview is covered. No personal watercraft or the use of it is covered by Lakeview's liability insurance. Please mail prior to arrival your group's Certificate of Liability Insurance form which evidences additional insured in favor of Lakeview Baptist Assembly.

**Rate Schedule:** Deposits are required as noted on the Confirmation form. Your deposit is figured per estimated minimum number of campers or per room in Lodge on confirmation form. Groups bringing fewer than this number will not get credit for the total deposit paid. Your groups may be required to pay for damages or excessive filth to facilities.

**Payment** is due during your stay. Please bring your payment to the kitchen office and see director on duty. The cost of any damages incurred for filthy rooms left by your groups will be charged to your church or group or subtracted from your deposit.

**Meal Count:** Lakeview must be contacted no later than 5:00 p.m. on Monday prior to your scheduled retreat as to the number we should expect so food can be ordered. It is very important for Lakeview to have an exact count on meals at this time, because you will be charged for this number given. If you are short on this count, it is your responsibility to give us those changes as soon as you know. Shortages will be charged regardless.

**Schedule:** Please send your retreat schedule to Lakeview one week prior to your arrival. Gift Shop will be opened prior to meal times. Please indicate the other times gift shop/snack shop needs to be opened.

**Visit:** Anyone is welcome to come and look over the camp if they wish. If possible, let us know if you plan to make a visit. The camp office is open Monday – Friday.

**Camp Equipment:** For your convenience, we leave volleyballs and basketballs by each court and paddles by the ping-pong tables. Use them when you want, but please put them back when you are finished. Please do not take them home with you; be considerate. Please take care of the equipment. If any damages are assessed, repair or replacement charges will be charged to the camp or retreat.

**Linens:** Please bring towels, linens, blankets, pillows, and toiletries if staying in a dorm. Mattresses ONLY provided in dorms. All rooms are equipped with air conditioning and heating. Motel rooms are furnished with linens and towels, however, if extra towels are needed during your stay, please contact management before noon. When checking out of motel rooms, please leave all bed linens on bed.

# LAKEVIEW CAMP RULES

(PLEASE COPY FOR EACH CAMPER AND/OR PARENTS PRIOR TO RETREAT)

- Lakeview is a Christian camp and all rules are to help us in our conduct, which will reflect Christ in all that we do.
- Please respect all camp properties just as you would the church you attend. We ask you to assist in keeping the grounds clean of trash. Cans are provided camp wide to contain debris. Leave bunks, mattresses and pianos in their position.
- Items not permitted: illegal drugs, alcohol, knives, ANY form of tobacco, guns, skateboards, fireworks, radios and tape players (unless used by program personnel), anything detrimental to the intended atmosphere. Such items will be confiscated and returned at departure.
- If equipment is damaged, your group will be held responsible and the deposit will reflect an amount deducted sufficient to replace the equipment, or a bill submitted to your group.
- The Health Department approves the lake for swimming only when a camp lifeguard is present. A lifeguard must be present, and life jackets worn while a camper is in any boat or lake activity. A lifeguard must be present at all times while using the pool.
- Campers and Sponsors must NOT LEAVE the campgrounds without permission from the camp director. Insurance coverage stops at the gate.
- After unloading your VEHICLE, plan to park it in designated parking until reloading time. If use of vehicle becomes necessary, no riding on the outside of vehicle is permitted whatsoever.
- Please report to your camp director any problems, such as plumbing or electrical failures or any damage to building as soon as they are noticed.
- Playing with SHAVING CREAM or water balloons is not allowed except at a supervised time in a designated area well away from the buildings. A group doing such in or near enough a building to cause damage, will face a monetary charge to be deducted from your deposit.
- MEALS must be taken in the dining hall unless otherwise prearranged with the camp. Please see that visitors pay for their meals in the dining hall. No food is allowed in the dorms or rooms.
- For your convenience, we leave Ping-Pong paddles, volleyballs and basketballs by each court. Use them when you want, but please put them back when you are finished. Please do not take them home with you; be considerate.
- For routine FIRST AID treatment, come to the first aid station with sponsor, or to the Manager's home.

**All of the above rules are designed to provide a Christian atmosphere to promote a healthy environment and to provide for the respect of the camp and facilities. Please see to it that all campers are aware of these rules before your session begins.**

## EMERGENCY NUMBERS AND PROCEDURES:

All types of help while at Lakeview: **911**.

During Business Hours (903) 656-3871 or (903) 656-2993

After Business Hours (903) 656-3871 or (903) 767-7193

Campers are not near a phone; therefore non-emergency messages will be given to your camper at the next mealtime.

When writing to a camper, be sure to have the name of the camper, as well as, the name of the church, and a return address on the outside of the envelope or package. Please allow ample time for delivery.

Address: **P.O.BOX 130, Lone Star, TX 75668**

**FIRE:** Evacuate building. Call 911 and describe location. Please stay with your Dorm Sponsor. Go immediately to the nearest pre-designated area (Dining Hall parking lot or fence area by pool) and wait for head count.

**MEDICAL:** Start life-support and comfort measures/keep calm. Notify Nurse, Administrator, or call 911 for ambulance and describe location.

**VIOLENT WEATHER:** If immediate, take cover away from windows--perhaps under bunks or in bathrooms. If approaching, transfer to safer location: Bottom floor/back rooms of WC Conference Center.