

# M4 Camps 2026

## PARENTAL CONSENT AND MEDICAL INFORMATION FORM

### Photo & Video Release

Participant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

### **MEDICAL INFORMATION:**

Does your child have an allergic reaction to bee stings, bites, etc.? \_\_\_\_\_  
To any medicines? \_\_\_\_\_ If yes, which ones \_\_\_\_\_

Is there any medical information you feel we should have concerning your child?

\_\_\_\_\_  
\_\_\_\_\_

**ALL MEDICINE MUST BE TURNED OVER TO THE CHURCH CHAPERONES BEFORE LEAVING!  
EMERGENCY NUMBERS:**

Doctor's Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Other Phone (     ) \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Other numbers/info \_\_\_\_\_

M4 Ventures, LLC & Camps, & Waukaway Springs Christian Retreat Center are Christian organizations, and Christian standards of conduct, dress, and attitude are expected from each participant. I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE IN M4 Kids' Camp. When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I understand that by attending, we as participants are assuming all risks related to any communicable disease. I shall in no way hold M4 Ventures, Waukaway Springs Christian Retreat Center, or its representatives responsible for any financial obligation. I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_