Parent Name: Candace Allen<br>Emergency Contact<br>Phone: 425-205-0380<br>Jennifer Martin, Family Friend, 360-904-7258<br>Email: acallen4@hotmail.com<br>Group<br>Mailing Address<br>Brush Prairie Baptist Church of Vancouver, WA<br>16408 NE 75th Cir<br>Ryan McKinney, 360-719-0675<br>Vancouver, WA 98682

## Medical Information

Medical Insurance: Blue Cross Blue Shield of Georgia, JKF1065485MB held by Albert Allen
Family Physician: Dr. Lyons, 360-882-2778
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies

## Allergic to Bee Stings? <br> No

Pertinent medical issues

## Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

nh,

## Medication the camper is okay to receive

Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Candace Allen, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Brooke Allen.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: CA at 6/22/2023

## Current Medications

Medication (what): nh
Dosage (how much):
Frequency (how often):
Time of Day (when):
Reason for medication:
Special instructions:

Parent Name: Candace Allen<br>Emergency Contact<br>Phone: 425-205-0380<br>Jennifer Martin, Family Friend, 360-904-7258<br>Email: acallen4@hotmail.com<br>Group<br>Mailing Address<br>Brush Prairie Baptist Church of Vancouver, WA<br>16408 NE 75th Cir<br>Ryan McKinney, 360-719-0675

Vancouver, WA 98682

## Medical Information

Medical Insurance: Blue Cross Blue Shield of Georgia, JKF1065485MB held by Albert Allen
Family Physician: Dr. Stephen Miller, 360-882-2778
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies <br> Grass and pollen <br> Allergic to Bee Stings? No <br> Pertinent medical issues <br> Asthma <br> Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

Albuterol Inhaler,

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Candace Allen, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Jonas Allen.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: CA at 6/22/2023

## Current Medications

Medication (what): Albuterol Inhaler
Dosage (how much): 2 puffs
Frequency (how often): as needed
Time of Day (when): as needed
Reason for medication: asthma
Special instructions: must self carry

Parent Name: Courtney Arn<br>Emergency Contact<br>Phone: 360-521-9299<br>Courtney, Mum, 360-521-9299<br>Email: courtneycma91@gmail.com<br>Group<br>Mailing Address<br>Brush Prairie Baptist Church of Vancouver, WA<br>1913 NW 7TH CT<br>Ryan McKinney, 360-719-0675<br>BATTLE GROUND, WA 98604

## Medical Information

Medical Insurance: First choice health, A01173717 held by Courtney
Family Physician: The Vancouver clinic, 360-882-2887
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies <br> Crab <br> Allergic to Bee Stings? <br> No <br> Pertinent medical issues

## Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

## Medication the camper is okay to receive

## Medication the camper should NOT receive

Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen
Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Courtney Arn, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Danielle Arn.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside
Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: Ca at 7/10/2023

## Current Medications

Parent Name: Courtney Arn<br>Phone: 3605219299<br>Emergency Contact<br>Email: courtneycma91@gmail.com<br>Courtney, Mom, 360-521-9299<br>Mailing Address<br>Group<br>1913 NW 7TH CT<br>BATTLE GROUND, WA 98604<br>Brush Prairie Baptist Church of Vancouver, WA<br>Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: First choice health, A01173717 held by Courtney
Family Physician: The Vancouver clinic, 360-521-9299
Restrictions, physical impairments and necessary limitations of activities
None
Known Allergies

## Allergic to Bee Stings? <br> No <br> Pertinent medical issues <br> None <br> Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine
Waiver
I, Courtney Arn, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Kaden Arn.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: Ca at 7/10/2023

## Current Medications

Parent Name: Deborah Gray
Phone: 509-690-3226
Email: axon1776@gmail.com
Mailing Address
21508 NW 61st Ave
Ridgefield, WA 98642

Emergency Contact
Deborah Gray, Mother, 509-690-3226
Group
Brush Prairie Baptist Church of Vancouver, WA
Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: Tricare standard, 006267701-03 held by Carlin Gray
Family Physician: Bliss Jensen PA, 360-887-9494
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies

## Allergic to Bee Stings? <br> No

Pertinent medical issues

Medically Required Dietary Restrictions

Any other useful health information on your child

## Current Prescription Medications

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Deborah Gray, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Heidi Gray.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: DG at 7/10/2023

## Current Medications

Parent Name: Deborah Gray<br>Phone: 360-624-7298<br>Email: jg1776@protonmail.com<br>Mailing Address<br>21508 NW 61st Ave<br>Ridgefield, WA 98642

## Emergency Contact

Deborah, Gray, 509-690-3226
Group
Brush Prairie Baptist Church of Vancouver, WA
Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: Tricare Standard, 006267701-02 held by Carlin Gray
Family Physician: Daniel McClean, 360-887-9494
Restrictions, physical impairments and necessary limitations of activities N/A
Known Allergies

Allergic to Bee Stings? No<br>Pertinent medical issues N/A<br>Medically Required Dietary Restrictions N/A<br>Any other useful health information on your child N/A

Current Prescription Medications

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Deborah Gray, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Jared Gray.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: dg at 7/12/2023

## Current Medications

| Parent Name: Gretchen Jacka | Emergency Contact |
| :--- | :---: |
| Phone: $360-601-4975$ | Gary Jacka, Father, 360-601-4975 |
| Email: gretchene@gmail.com | Group |
| Mailing Address | Brush Prairie Baptist Church of Vancouver, WA |
| 12718 NE 38TH CIR | Ryan McKinney, 360-719-0675 |

## Medical Information

Medical Insurance: Regency BlueShield Uniform Medical Plan, UDW W740334787 held by Gary Jacka
Family Physician: A. DeRene, 360-892-1635
Restrictions, physical impairments and necessary limitations of activities
None
Known Allergies
Sulpha drugs
Allergic to Bee Stings?
No
Pertinent medical issues
None
Medically Required Dietary Restrictions
None
Any other useful health information on your child

## Current Prescription Medications

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Gretchen Jacka, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Steven Jacka.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: GJ at 6/29/2023

## Current Medications

Parent Name: Steve Johnson
Phone: 360-846-0204
Email: jophyven@comcast.net
Mailing Address
14713 ne 3rd ave
Vancouver, WA 98685

## Emergency Contact

Steve Johnson, Dad, 360-846-0204
Group
Brush Prairie Baptist Church of Vancouver, WA
Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: Amerigroup, 729511761 held by Amerigroup
Family Physician: B. Rhoads, 360-571-9799
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies

## Allergic to Bee Stings? <br> No

Pertinent medical issues

Medically Required Dietary Restrictions

Any other useful health information on your child

## Current Prescription Medications

Medication the camper is okay to receive
Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I, Steve Johnson, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, Jeremiah Johnson.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I understand that my child will be part of the Brush Prairie Baptist Church of Vancouver, WA group who will be working alongside Camp Tadmor's Summer Ministry Team. I understand that my child will be participating under the supervision of Brush Prairie Baptist Church of Vancouver, WA sponsors, and that the church has primary responsibility for my child's experience and safety while participating in the SAW Team program.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of my child at this event for promotion and
advertising including, but not limited to: print or electronic media for brochures, articles, and website.
Signed: SJ at 7/10/2023

## Current Medications

Phone: 360-448-0004
Email: j.mckinney0121@gmail.com
Mailing Address
8000 NE 126th Ave
Vancouver, WA 98682

Emergency Contact
Ryan McKinney, Husband, 360-719-0675
Group
Brush Prairie Baptist Church of Vancouver, WA
Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: Kaiser Permanente, 43643172 held by Ryan McKinney
Family Physician: Dr. Hoang, 800-813-2000
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies

## Allergic to Bee Stings? <br> No <br> Pertinent medical issues

## Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

## Medication the camper is okay to receive

## Medication the camper should NOT receive

Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine

## Waiver

I Jill McKinney, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of myself at this event for promotion and advertising including, but not limited to: brochures, articles, and website.
Signed: JM at 7/11/2023

## Current Medications

Phone: 360-719-0675
Email: rmckinney@bpchurch.com
Mailing Address
11814 NE 117th Ave
Vancouver, WA 98662

Emergency Contact
Jill McKinney, Wife, 360-448-0004
Group
Brush Prairie Baptist Church of Vancouver, WA
Ryan McKinney, 360-719-0675

## Medical Information

Medical Insurance: Kaiser Permanente, 43643172 held by Ryan McKinney
Family Physician: Dr. Hoang, 800-813-2000
Restrictions, physical impairments and necessary limitations of activities

## Known Allergies

## Allergic to Bee Stings? <br> No <br> Pertinent medical issues

## Medically Required Dietary Restrictions

## Any other useful health information on your child

## Current Prescription Medications

## Medication the camper is okay to receive

Benadryl/Diphenhydramine
Calamine/Calydryl
Hydrocortisone Cream
Ibuprofen/Advil/Motrin
Imodium
Mylanta/Maalox
Triple Antibiotic Ointment
Throat Lozenges
Betadine/Bactine/Hibiclens
Aloe Vera Gel with Lidocaine
Tylenol/Acetaminophen Tums
Refresh Plus Eye Drops
Claritin/Loratadine
Waiver
I Ryan McKinney, authorize the medical staff on duty at Camp Tadmor to administer medical aid as required for illness or injury under our camp physician's orders.
I voluntarily waive any claim against Church Venture Northwest/Camp Tadmor, camp personnel or other person(s) providing transportation or care against all liability, claims, damages, attorney fees, expenses arising out of, or in connection with, any activities of the above organization.
I authorize Church Venture Northwest/Camp Tadmor to use photos or videos taken of myself at this event for promotion and advertising including, but not limited to: brochures, articles, and website.
Signed: RM at 7/11/2023

## Current Medications

