

**Bring original form AND
1 copy to camp**

**ALL THREE PAGES MUST BE KEPT IN THE VEHICLE IN WHICH YOU ARE
TRAVELING AT ALL TIMES.**

This is a 3-page form and must be FULLY completed.

Medical Information Form

Last Name _____ First _____ MI _____
Address _____ City _____ St _____ Zip _____
Phone _____ Occupation _____
*Social Security Number _____ Date of Birth _____
Church _____ Church Phone _____
Church Address _____ City _____ St _____ Zip _____
Personal Physician _____ Phone _____
*Insurance Company _____ *Phone _____
*Policy # _____ *Insured ID # _____ *Prescription Card # _____
In case of emergency contact:
Name _____ Relationship _____
Daytime Phone _____ Evening Phone _____
Name _____ Relationship _____
Daytime Phone _____ Evening Phone _____
Medication(s) you cannot take _____

Medication you are currently taking _____

These medications are to be administered by (circle one): Youth / Contact Person / Staff
Allergies / special health problems or concerns _____

Do you have a current tetanus shot? Yes / No
If yes, indicate date _____ If no, we encourage you to get one before you come.

****In lieu of this information, you may provide a copy of the front and back of your medical insurance card.***

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Statement of Activities and Release Form

The Mountain T.O.P. Spring BreakOut program is a Christian Service ministry with the people of the Cumberland Mountains in Tennessee. Volunteers participating in the activities of this ministry will be expected to be involved in all activities and to respect the people of the Cumberland Mountains at all times.

Participants will be involved in (but will not be limited to) construction, roof replacement, winterization, rehabilitation of existing dwellings, and other major/minor home repairs as determined by the project. The scope of all projects will be within the capability of the volunteer service team. These activities may include the use of hand tools and the handling of materials and supplies. Power tools will only be used if the individual has the necessary skills to handle the power tool appropriately. Participants are never forced or required to engage in any work or activity in which they feel they are not able to participate safely.

A.I.M. participants understand that photos and video may be taken during the course of the camp week that may be used by Mountain T.O.P. in the future promotion of our ministries and programs. Participants are expected to follow all guidelines of participation, philosophies, and expectations set by the organization and camp staff.

We acknowledge that every effort has been made in preparing the participants for this mission experience. We therefore release Mountain T.O.P., Incorporated, its agents, employees, and any and all persons connected therewith from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Mountain T.O.P. mission project.

Further, consent/permission is given for (participant) _____ to be treated by competent medical personnel in the event of an accident or medical emergency and to receive reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for which a physician and/or other professional health care provider in the hospital/clinic refuses to administer without my consent, I hereby authorize:

Group Leader (Print full name): _____

and

MTOPE Camp Director (Print full name): _____

to give such consent for me in the event that I am unable to give consent for myself. If in the event it becomes necessary for either of the identified persons to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent. I understand that Mountain T.O.P. requires proof of personal insurance or acknowledgement of financial responsibility for all medical expenses. I agree that my insurance company will be used for all necessary medical expenses and am aware that I may be billed by the medical provider for any medical expenses not covered by my personal insurance policy and will be responsible for payment of those expenses.

This is the _____ day of _____, 20_.

Signature (Participant or adult/guardian if minor)

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Adult Self Screening Form

**Form must be completed and background check administered for ALL participants 18 & Older*

Camp week _____ Camp _____

Church _____

Last Name _____ First _____ MI _____

Address _____ City _____ St _____ Zip _____

Phone _____ email _____

Occupation and Employer _____

*Social Security Number _____ Date of Birth _____

If you will be driving during the camp week, you must fill out the following three lines:

Driver's License number _____ Issuing State _____

Car Insurance Company _____

Policy # _____ Phone _____

Circle One

1. Have you ever been convicted of a felony? **Yes** **No**
2. Have you ever been convicted or formally accused of any sex related or child abuse offense?
Yes **No**
3. Have you had a background check completed within the past 3 years to verify the responses to the above questions? **Yes** **No**
4. Have you participated in Safe Sanctuary or a similar youth protection training program? **Yes** **No**

If you answered YES to questions #1 and/or #2, please fully explain on back of form.

If you answered YES to question #3, what was the date of your background check?

Date of check ____ / ____ / ____ **Your background check MUST be on file at your church/school.**

If you answered NO to question #3, you must have a background check completed before arrival to camp. If your church does not offer this service, Mountain T.O.P. will have one processed. You will need to reimburse Mountain T.O.P. for this cost; fees vary by state.

YES, we need Mountain T.O.P. to process a background check for me. *SSN only needed if Mountain T.O.P. is completing background check.

I fully support Mountain T.O.P.'s effort to increase the probability of having a safe environment in our camps to perform mission work without fear of irresponsible adults. I certify, to the best of my knowledge, the information that I have provided on this form is true and accurate. I authorize any investigation, including a background check, of any or all statements made on this form.

Print Name _____

Signature _____ Date _____

Contact Person Signature _____ Date _____