

Registration/Medical Form

This form MUST be completed and turned in upon arrival at camp. Every student and adult must have a form on file.

Name (first, last) _____

DOB ___/___/___ SSN ___ - ___ - ___ SEX M F AGE ___

Grade (last completed) _____ Phone (_____) _____ - _____

Address _____

City/State/Zip _____

Church _____ City _____ Pastor _____

Emergency Contact Information

1 _____
(Name) (Phone) (Relation)

2 _____
(Name) (Phone) (Relation)

Medical Information

1 _____
(Medicine Name/Dosage/Time of Day Taken)

2 _____
(Medicine Name/Dosage/Time of Day Taken)

Have you recently been under a doctor's care? YES/NO

Do you have an allergies or health problems? YES/NO

If you answered "YES" to either of these, please explain: _____

Consent for Medical Treatment

I give permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/she will attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold camp personnel or sponsors responsible for any accident or illness, and if necessary, authorize camp personnel or sponsors to take my child to a medical facility. I also give consent for the medical facility selected to render necessary professional service to my child.

Parent/Guardian Signature _____

Insurance Information

Insurance Co. _____

Cardholder Name _____

Policy # _____ Group # _____

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