



MEDICAL AND PHOTO RELEASE

** Bring a copy of this sheet to registration to turn in to medical clinic staff. **

** Leaders should also keep a copy for use in case of emergency. **

Church Information:

Name of Church _____ City _____ State _____

Church Leader _____ Cell Number _____

Camper/Chaperone Information:

Name _____ Age _____

Date of Birth ____ / ____ / ____ Last Grade Completed (campers only) _____

Address _____

City _____ State _____ Zip _____

Parent / Guardian Name _____

Phone # (_____) _____ Alt Phone # (_____) _____

Address _____

City _____ State _____ Zip _____

Medical Profile:

Generally, the participant's health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

Check any of the following that cause you problems & explain:

Asthma _____ Sinusitis _____

Bronchitis _____ Kidney Trouble _____

Heart Trouble _____ Dizziness _____

Stomach Upset _____ Hay fever _____

Diabetes _____

List any medicines or substances to which you are allergic _____

List any previous operations or serious illnesses _____

List all medications you are currently taking _____

List any special diet or special needs _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough
 Other _____

Is your child immunized according to State of Texas public school requirements?
 Yes No Choose not to immunize

Health Insurance Information:

Insurance Co _____ Plan _____
Subscriber's Name _____ Subscriber # _____
Group # _____ Customer Service # _____

NOTE: All medications MUST be in the original prescription bottle with the name of the camper and dosage instructions on it. Otherwise, we are NOT ALLOWED to dispense it.

PERMISSION FOR TREATMENT AND PHOTO/VIDEO NOTICE

My permission is granted for any adult representative of the camp staff or my local church leaders to obtain necessary medical attention in case of illness or injury to my camper.

Also, I understand that as a participant, my camper may be photographed or videotaped during normal activities and these photo/videos may be used in promotional materials only.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and the Camp Staff from any and all claims, demands, actions or cause of the action, past, present or future, arising out of any damage or injury while participating in camp.

**Please complete and sign below
(youth under 18 years old requires parent/guardian signature).**

Has the camper ever been convicted of a felony? Yes No
Camper/Chaperone _____ Date ____/____/____
Parent/Guardian Signature _____ Date ____/____/____
On this, the ____ day of _____, 20____,
_____ personally appeared before
me, and in my presence executed the within and foregoing permission and release form.
Witness my hand and official seal this _____ day of _____, 20____.

Notary Republic