

CAMPER REGISTRATION FORM MEDICAL AUTHORIZATION & PHOTO CONSENT CAMPER INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____

DOB: _____ / _____ / _____ AGE: _____ SEX: M / F

CHURCH ATTENDING WITH: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____

PHONE: (_____) _____

ALT PHONE: (_____) _____

NAME: _____

PHONE: (_____) _____

ALT PHONE: (_____) _____

Has camper recently been under a doctor's care? YES / NO

Are there any allergies or special health problems of which the medical staff should know?

If yes, please attach a sheet with description.

CONSENT FOR MEDICAL TREATMENT: I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/she will not 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 the camp personnel or sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident. I further give my consent for my child to be photographed and/or filmed for the purpose of the camp video, printed publications, and camp website.

HEALTH INSURANCE COMPANY: _____

POLICY # _____ GROUP # _____

INSURANCE COMPANY PHONE NUMBER: (_____) _____

Parent / Guardian Signature & Date