



Medical Release Form / Permission to Treat

Name of Church: _____ City/State: _____

Personal Information:

Name: _____

DOB: ____ / ____ / ____ Age: _____ Gender: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Adult T-Shirt Size (circle one):

XS S M L XL 2XL 3XL

Emergency Contact Information:

Parent/Guardian: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Secondary Contact: _____

Relationship: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Insurance Information:

Insurance Co.: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____ Insurance Co. Phone: (____) _____

Personal Medical Information:

Physicians Name: _____ Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contacts, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp. (Prescription meds MUST have a pharmacy label and name of doctor.):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participants Church sponsor/his designee or camp staff to order -rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: _____ **Date:** _____