



## MEDICAL AND PHOTO RELEASE

\*Bring copy of this sheet to registration

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

List All Allergies \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Subscriber # \_\_\_\_\_

**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 meds.**

### 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 sickness or injury to my camper. Also, I understand that as a participant, my camper may be photographed or videotaped during normal activities and these photos/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).**

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 Public