



Medical and Photo Release

** Bring a copy of this sheet to registration to turn in to medical 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) _____
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:

- | | |
|--|---|
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Sinusitis _____ |
| <input type="checkbox"/> Bronchitis _____ | <input type="checkbox"/> Kidney trouble _____ |
| <input type="checkbox"/> Heart Trouble _____ | <input type="checkbox"/> Dizziness _____ |
| <input type="checkbox"/> Stomach Upset _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> 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 Missouri 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 of 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 Camp Staff from any 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/Guradian Signature _____

Date ____/____/____