



colonial student ministry
teaching, community, outreach

Medical and Permission Form: Summer Camp July 27 – July 31, 2017

Today's Date: _____

Student's Name: _____

Rising Grade: _____ DOB: _____

Parent/Guardian: _____

Email: _____

Home Phone: (_____) _____

Address: _____

City: _____ St: _____ Zip: _____

I (we), the undersigned parents or guardians of _____, give permission for participation in the Youth Activities of Colonial Baptist Church of Cary, North Carolina. With this form I release and discharge Colonial Baptist Church, it's authorized representatives and staff from liability of any kind. Furthermore, in the event of an accident or illness I hereby grant permission to said staff or representative to act as agents for me to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable. Permission is hereby granted to administer first aid for minor problems as well as Tylenol and aspirin in the case of a headache or injury.

Parent/Guardian Signature:

Father Name (print): _____

Father's Cell: (_____) _____

Mother Name (print): _____

Mother's Cell: (_____) _____

Insurance Company:

Policy Number:

Group Number:

Current Medical Issue(s):
For example asthma and/or diabetes

Allergies:
Please specify any drug OR food allergies, and include severity & symptoms of allergies.

Date of Last Tetanus Injection:

Student's Physician:

Physician Phone:
(_____) _____

Current Medication(s):
List drug name, dosage and instructions for each medication. Unless otherwise noted students will be responsible for administering their own medication.

If any changes occur, please send written updated information to Student Ministry's office.

6051 Tryon Road, Cary, NC, 27518 • Phone: (919) 233-9100