

**Teen Camp 2018 Medical & Liability Release**



Teen Adventure Camp will take place June 23<sup>rd</sup> – June 29<sup>th</sup>, 2018. In the event my teen should require medical treatment, the adventure camp counselors have my permission to have my teen examined by a licensed physician and/or licensed medical personnel. I agree to allow the counselors to administer first aid treatment to my teen if needed. I hereby give consent and will hold harmless the licensed medical personnel in administering treatment to my teen. I also agree to hold harmless the Faith Baptist Church and its counselors for any injury that might occur to my teen during this trip.

Teen Name \_\_\_\_\_

Is this teen allergic to anything? (foods, medication, bites, etc.) If so, please list and explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this teen currently taking any medications? If so, please list and explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Account ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_