

**FBC Brook Kids M4 Camp
MEDICAL INFO & RELEASE OF GUARDIANSHIP**

Child's Full Name: _____

Parent(s)/Guardian(s): _____

Cell Phone(s): _____

Secondary contact to notify in case of emergency: _____

Their relationship to you: _____ Their Phone #: _____

Is your child bringing any medication to camp? Yes or No (circle one)

If yes, what medication and what are the instructions for taking it: _____

Emergency Authorization – In case of an emergency, I authorize Lisa Furlow to assume guardianship of my child, and the attending physician to administer treatment and medication until I can be contacted.

I further authorize the release of the provided 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.

Parent's/Guardian's Signature

Date