

BPYC 2020

MEDICAL REGISTRATION FORM

(required for all participants)

MED STAFF USE ONLY						#	_____
Meds _____							
In	Out	T	W	H	F		
CMPR	VOL	COUN	DIR				

Participant's Name _____ DOB: _____ Sex: ___ M ___ F

Church's Name _____

IN CASE OF EMERGENCY, PLEASE CALL:

Contact 1 _____ Relation _____

Phn 1 (____) _____ Phn 2 (____) _____

-OR CALL-

Contact 2 _____ Relation _____

Phn 1 (____) _____ Phn 2 (____) _____

MEDICAL INFORMATION: *(Please use the back of this form, should more space be needed)*

Known Allergies, if any _____

Activity Restrictions _____

Chronic Physical Condition _____

Special Dietary Needs _____

(i.e. gluten-free, diabetic dietary needs, etc.)

Present Medication/Dosage _____

If tested or treated for any serious physical or psychological illness within the past 3 years, please list with comments: _____

In case of needed medical attention, permission is given to Barbourville Pentecostal Youth Camp and its designee to seek appropriate medical care for the above-referenced participant. For this purpose, the following information is given:

Family Physician _____ Phone _____

Insurance Company _____ **(Please attach copy of Insurance Card)**

Group # _____ Individual # _____

I, _____, hereby state that the above-named BPYC participant, is in good physical condition and has no contagious or infectious disease or symptoms of the same on this date.

X _____
Parent's/Guardian's Signature
(or Participant's Signature if over age 18)

Date

DO NOT COPY THIS FORM ONTO THE BACK OF THE PARTICIPANT'S REGISTRATION FORM