

IRBC Winter Retreats

Camper Medical Release Form

- ☐ **Retreat #1 – Teen Meltdown**
January 15–17, 2027
- ☐ **Retreat #2 – Jr. FreezeOut**
January 22–23, 2027
- ☐ **Retreat #3 – Combined**
January 29–30, 2027
- ☐ **Retreat #4 – Teen Meltdown**
February 5–7, 2027

Camper Information

Camper Name: _____

Date of Birth: _____ Male/Female: _____

Address: _____

City, State, Zip: _____

Church & City: _____

Medical Information

Medications: _____

Allergies: _____

Medical Concerns: _____

Parent/Guardian (Emergency Contact)

Parent Name: _____

Phone Number: _____

Phone: _____

Medical Release

In case of medical emergency, I give consent for emergency treatment for my child named above. The camp carries secondary accident insurance, which means all claims must be submitted to parent's insurance first. I understand that sickness is not covered by IRBC's policy. I give my permission for my child to attend this retreat at Iowa Regular Baptist Camp.

Parent/Guardian Signature: _____

Date: _____



IRBC Winter Retreats

Camper Medical Release Form

- ☐ **Retreat #1 – Teen Meltdown**
January 15–17, 2027
- ☐ **Retreat #2 – Jr. FreezeOut**
January 22–23, 2027
- ☐ **Retreat #3 – Combined**
January 29–30, 2027
- ☐ **Retreat #4 – Teen Meltdown**
February 5–7, 2027

Camper Information

Camper Name: _____

Date of Birth: _____ Male/Female: _____

Address: _____

City, State, Zip: _____

Church & City: _____

Medical Information

Medications: _____

Allergies: _____

Medical Concerns: _____

Parent/Guardian (Emergency Contact)

Parent Name: _____

Phone Number: _____

Phone: _____

Medical Release

In case of medical emergency, I give consent for emergency treatment for my child named above. The camp carries secondary accident insurance, which means all claims must be submitted to parent's insurance first. I understand that sickness is not covered by IRBC's policy. I give my permission for my child to attend this retreat at Iowa Regular Baptist Camp.

Parent/Guardian Signature: _____

Date: _____

