

## PERSONAL INFORMATION

Student's First Name		Last Name	
Church Name:		Church City/State:	
Sex M F	Birthdate (MM/DD/YYYY)	Age:	Weight:

**Both the camper registration and medical form must include emergency contact information.**

In case of emergency, contact:	
Contact's relationship to student: Mother Father Grandparent Guardian Other:	
Contact's phone number (area code + number)	
Additional phone numbers:	

## INSURANCE INFORMATION

## Is the above named student insured?

**NO**, I have no insurance. **YES**, the name of my **INSURANCE COMPANY** is:

**A copy of my insurance and/or prescription card is attached. MANDATORY FOR ALL INSURED STUDENTS:** On an 8 ½ X 11 piece of paper, please copy the *front* and *back* of your insurance and/or prescription card, and *paperclip (do not staple)* to this medical form. In case of a medical emergency, this information is vital in securing timely medical treatment for your child.

**TRICARE INSURANCE:** For students from military families who use **Tricare** and prefer not to provide a copy of a card, we have been informed that the following is required:

- **Sponsor's Name (usually the parent):**
- **Sponsor's DOD ID Number:**

NOTE: All sensitive information will be carefully protected.

## DOCTOR'S NAME AND CONTACT INFORMATION

Student's primary or family doctor:	
Doctor's address:	City/State:
Doctor's phone number (area code plus number)	

## MEDICAL HISTORY: Attach a detailed note of explanation if necessary

<b>YES NO</b>	Has student had all current immunizations as regulated by your state?
<b>YES NO</b>	Has student recently been exposed to a communicable disease? If yes, explain on separate sheet.
<b>YES NO</b>	Does student have physical needs that would limit participation in camp activities? If yes, explain on separate sheet.
Student will be bringing inhaler nebulizer epi-pen The epi-pen is for:	
Student has the following allergies:	
Student is allergic to the following medications:	
Is there any information that we should have regarding the welfare of this student? Please be sure to include recent illnesses, handicaps, special diet, etc.	
For monitored pool events, I request that my student be given a special ID bracelet to identify him/her as a non- or weak swimmer.	

## MEDICATIONS

**List ALL medications** student will be bringing to use at this event. **Medications, prescriptions and over-the-counter drugs CANNOT be given to a student unless they are in the ORIGINAL container!!!**


**EMERGENCY TREATMENT PERMISSION & LIABILITY RELEASE**

I give permission for my child to attend this event and participate in its activities. While my child is at this event, I give permission for the administration of the above medications and other comfort medications including, but not limited to Tylenol, Advil, cough drops and Mylanta. Furthermore, whereas I have legal custody of this child, a minor who resides with me, I give the following emergency treatment permission: While this child is at, or in route to and from, this event, I hereby authorize any first aid staff, kids camp staff or designated church chaperone to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, MD or VA when such medical or surgical treatment is necessary. I understand that the term chaperone or counselor refers to "a person in charge of a group of children" and does not imply the individual is licensed to give counsel. In consideration of my child being allowed to participate in this event, I authorize the Potomac District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I hold harmless and release the Potomac District Council of the Assemblies of God, and its agents and employees from any liability, claims, damages and loss whatsoever relating to the authorizations hereinabove provided for.

**SIGNATURE OF PARENT/GUARDIAN (Required):**

***Med form cannot be accepted without valid signature of parent or guardian***