(940) 855-4182
3784 Church Camp Rd
Iowa Park, TX 76367

STUDENT RECHARGE
CAMPER/SPONSOR MEDICAL RELEASE FORM

Registration Information

Age: _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian(for sponsors:contact for emergency) _____Relation to you_____

Home Phone ( ) _____ Cell Phone ( ) _____

Work Phone ( ) _____ E-mail _____

Church or Group you came with (Include City) _____

Medical Information

Allergies _____

Is your child currently taking any medications? __yes __no. Please list dosages and times

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Please list any medical conditions or recent surgeries your child has had:

_____

_____

~WHAT TO BRING~
Bathing Suit
Towel
Sunscreen
Bug Spray
Camp Store Fun Money
(for souvenirs or snacks)

Family Physician _____

Phone _____

Insurance Provider _____

Address _____

Policy # _____

It is recommended that you attach a photocopy of your medical insurance card.

Non Prescription Medications

The following non-prescription medications and treatments are available for you child in our first aid station. Please circle any of these medications if you **Do Not** want your child to receive them.

Tylenol	Pepto Bismol	Band-aids
Robitussin	Benadryl	Swimmer's ear

Authorization

I, _____, give my permission to Camp Chaparral Baptist Assembly's staff and/or church or group responsible: _____ to provide and authorize medical treatment that may be deemed necessary to insure the well-being of named student/sponsor,_____. I understand that every effort will be made to provide the safest environment possible at camp, but accidents can and do occur. I agree not to hold liable the sponsoring church/group, the camp staff, or Camp Chaparral in the case of an unforeseen event during any of but not limited to any of the following activities; Ropes Course, Inflatables, Swimming, Canoeing, Laser Tag or ANY event. These terms shall serve as a Release and Assumption of risk for all heirs, executors, administrators and family members.

I also give permission to Camp Chaparral Baptist Assembly to use any photos/video of my child/myself taken while participating in camp activities for promotional materials and Chaparral website.

I also understand that Camp Chaparral cannot be responsible for lost or broken items, and that unclaimed items will be donated to charity at the end of the summer.

*****I agree to check my child for head lice BEFORE sending them to Camp Chaparral*****

_____ _____ _____

Parent/Guardian/Sponsor Signature Date Print Name