

South Mountain Baptist Camp Medical and Release Form

Must be complete by campers AND chaperones attending camp.

Contact Information

Camper Name: _____ Birthdate: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ - _____ - _____ Alternate Phone Number: _____ - _____ - _____

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ - _____ - _____ Alternate Phone Number: _____ - _____ - _____

Medical Information

Health Problems/Activity Restrictions: _____

Allergies (include drug allergies): _____

Dietary Restrictions: _____

Medications (must be in chaperone's possession): _____

May Tylenol, Ibuprofen, Benadryl, Sudafed, Robitussin DM, Dimetapp, Cough Drops, Pepto Bismol, Dramamine, and/or anti-diarrhea medication be administered to your camper? Yes ___ No ___ Notes: _____

Approximate date of last Tetanus Shot: _____ Are vaccinations up to date? Yes ___ No ___

Family Doctor: _____ Phone Number: _____ - _____ - _____

Insurance Company: _____ Policy #: _____

Address: _____

Release

It is mandatory that this form be completed, signed and dated by a legally responsible parent/guardian.

1. I, the undersigned, hereby give permission for the child listed on this form to attend the sponsored camp at South Mountain Baptist Camp. I agree to hold harmless South Mountain Baptist Camp or its agents for any and all claims for injuries, illnesses, causes of action, the rendering of emergency care, or liability related to participation in any camp activities. I give permission for this child to participate in all camp activities including swimming, ropes course, and all other recreational activities.
2. I further give permission for my child to participate in offsite mission projects and/or activities that require travel to locations not on the premises of South Mountain Baptist Camp.
3. I, the undersigned, understand that if medical treatment is required, every effort will be made to contact me. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this registration form.
4. I give permission to South Mountain Baptist Camp and Christian Camping & Conference Association to photograph and/or video tape my child for use in any future promotional material.

Child's Name: _____ Date: _____ - _____ - _____

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian's Signature: _____