

PANHANDLE BAPTIST ASSOCIATION/CAMP GIBSON

Medical Information Form

Participant Information

Name of Participant _____ Birthdate (MM/DD/YYYY) _____ Age _____

Name of Parents/Guardians _____

Address _____ Telephone _____

Name of Emergency Contact _____

Telephone (Day): _____ Telephone (Evening): _____

Medical Information

Physician's Name _____ Phone _____

Are you currently taking medicine or treatment? Yes No

List any medications/treatments taken regularly and details of frequency. _____

Have you been restricted from sports or swimming for any reason? Yes No

If Yes, explain. _____

Date of last Tetanus Toxoid Immunization (MM/YY) _____

Have you ever had a severe reaction to a bee/hornet, or insect bite? Yes No If Yes, explain. _____

Food Allergies: _____

Drug Allergies: _____

Do you have: Sinus Trouble Hay Fever Heart Trouble Epilepsy Asthma Diabetes
 Communicable Disease? If Yes, please explain _____

Please list any other medical conditions we should be aware of: _____

Is Sponsor(s) authorized to approve medical treatment? Yes No

Insurance Information (*Special Instructions: Please attach a copy of your insurance card to this form*)

Is the participant covered by personal/family medical insurance? Yes No

Name of Insurer _____ Policy/Group# _____ Telephone _____

PARTICIPATION AGREEMENT/LIABILITY RELEASE/MEDICAL AUTHORIZATION

I acknowledge that participation in the activities at Gibson Baptist Camp involve risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for being accepted by **PANHANDLE BAPTIST ASSOCIATION** for participation in **GIBSON BAPTIST CAMP** ("Camp Gibson" or "camp"), we, (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **PANHANDLE BAPTIST ASSOCIATION, CAMP GIBSON**, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) understand that my [our (my) child-participant if under the age of 21 years] image may be included in a video or in photographs that may be made during camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Participant: _____ Signature _____ Date _____

Name of Father/Guardian: _____ Signature _____ Date _____

Name of Mother/Guardian: _____ Signature _____ Date _____

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign)