

**MAYSVILLE WESLEYAN YOUTH CAMP 2019  
MEDICAL RELEASE/PARENT PERMISSION FORM**

**INSTRUCTIONS:** Campers and parents/guardians must complete this form for each camper participant as a prerequisite for the camper to attend the Maysville Wesleyan Youth Camp 2019.

Camper \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Student's Doctor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Alternate Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

**Student covered by group or other medical insurance as follows:**

Name of Insured \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Please describe completely any medical condition (past or present) being treated, which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number: \_\_\_\_\_

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(Attach separate form if necessary)

**Parent/Guardian please check one and sign:**

\_\_\_\_\_ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any person listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE AND THE COST OF ANY MEDICAL TREATMENT DURING THIS ACTIVITY. I GIVE PERMISSIONS FOR \_\_\_\_\_ TO ATTEND THE MAYSVILLE WESLEYAN YOUTH RETREAT 2018 AND HEREBY RELEASE THE ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.**

Signature of Camper \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_