

DBA Children's Camp 2025 Medical Release Form

(One form per participant and please complete in pen)

Legal Name: _____ Birthdate: ____/____/____ Gender: _____

Complete Home Address: _____

Home Phone: _____ Cell phone: _____

Email: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Home Phone: _____

Relationship to participant: _____ Cell Phone: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Name of person insurance is under: _____ Group #: _____

Blood Type _____ (if known)

HEALTH HISTORY:

Do you have any medical problems or physical limitations? If so, please explain.

Are you allergic to any medications or food? If so, please explain.

Do you take any medication on a regular basis? If so, please list:

CONSENT FOR EMERGENCY TREATMENT (Signature required from participant, or parent or guardian if under 18)

I understand and agree to the medical screening of my child upon arrival at camp and at any other time deemed necessary by the camp nurse for fever and/or other symptoms of contagious disease.

In case of an emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for myself/my child/ward as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities. I, therefore, agree to assume as an explicit condition of my child's/ward's participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above-named sponsor, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child /ward.

I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

Parent/Guardian Signature: _____ Date: _____

Notary Public Signature: _____ Date _____

Notary Public Stamp