



# 2010 Medical & Liability Release Form *ADULT*

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### Check Appropriate Box

- Georgia Baptist Conference Center (June 21-25)
  - Georgia Baptist Conference Center (June 28-July 2)
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### Church Information:

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Church Email: \_\_\_\_\_

### Counselor/Youth Pastor Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

### Emergency Information:

Contact Name: \_\_\_\_\_

Relationship to Counselor/Youth Pastor: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Health History:

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions): \_\_\_\_\_

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Conditions: \_\_\_\_\_ Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_

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Date of last tetanus shot: \_\_\_\_\_

Any activity restrictions or physical limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address of Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the undersigned, being 18 years of age or older, do hereby affirm that I am in good health and suffer from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, I have no knowledge of any reason I cannot participate in camp recreation activities. I authorize emergency medical treatment to be performed by camp medical staff and/or attending physicians at the local clinic or hospital on my behalf.

I understand that, as a condition of admittance as a counselor/youth pastor, the undersigned hereby releases GO TELL Ministries from any and all liability from injury or illness, mental or physical, suffered by the undersigned during or related to camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date