



2010 Medical & Liability Release Form *KIDS*

Check Appropriate Box

- Georgia Baptist Conference Center (June 21-25)
 - Georgia Baptist Conference Center (June 28-July 2)
-
-

(Please Print)

Church Information:

Church Name: _____

City: _____ State: _____

Group Leader Name: _____ Church Email: _____

Camper Information:

Name: _____ Date of Birth: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Physician's Name: _____ Phone: _____

Father or Guardian's Full Name: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother or Guardian's Full Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

EMERGENCY CONTACT

Contact Name: _____

Relationship to Camper: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Email: _____

Name: _____

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): _____

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

Please explain: _____

Date of last tetanus shot: _____

Any activity restrictions or physical limitations? _____ Yes _____ No

If yes, please explain: _____

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____ Phone: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement. _____

The undersigned, being a parent or legal guardian of the student named below, does hereby affirm that the individual is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in camp recreation activities. I/We authorize emergency medical treatment to be performed by camp medical staff and/or attending physicians at the local clinic or hospital to my/our child in my/our absence.

I/We understand that, as a condition of admittance as a camper, the undersigned, as a parent or guardian, and on behalf of the applicant, hereby releases GO TELL Ministries from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp.

Signature of Parent or Guardian (Circle One)

Date