

**CAPTURED CAMP  
Medical Release Form**

**ADULT GROUP LEADER: PLEASE COLLECT AND TURN IN THIS MEDICAL RELEASE FORM FOR EVERY PERSON IN YOUR GROUP ON THE 1<sup>ST</sup> DAY OF CAMP AT REGISTRATION.**

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE # \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHURCH YOU CAME WITH \_\_\_\_\_

PARENT or GUARDIAN NAME \_\_\_\_\_

**MEDICAL INFO:**

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE# \_\_\_\_\_

LIST ALL ALLERGIES / PHYSICAL CONDITIONS THAT MAY AFFECT CAMP ACTIVITIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDICATIONS YOUR CHILD WILL BE TAKING DURING CAMP. ALL MEDS WILL BE TURNED INTO THE CAMP NURSE WITH INSTRUCTIONS.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**INSURANCE INFO:**

INSURANCE COMPANY: \_\_\_\_\_

POLICY# \_\_\_\_\_

NAME ON POLICY \_\_\_\_\_

I, parent or guardian, give my consent for my child to be cared for by camp personnel and to be taken to a doctor or hospital in case of an emergency. I will not hold the camp or affiliates responsible, in case of injury. Also, my child has my permission to participate in camp activities and to have their picture/video taken for future promotional material and website use.

SIGNATURE OF PARENT OR GUARDIAN

X \_\_\_\_\_ Date \_\_\_\_\_

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