

CAPTURED KIDS CAMP – JUNE 7th – 10th
Medical Release Form

ADULT GROUP LEADER: PLEASE COLLECT AND TURN IN THIS MEDICAL RELEASE FORM FOR EVERY PERSON IN YOUR GROUP ON THE 1ST 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 _____

My child has my permission to participate in camp activities and to have their picture/video taken for future promotional material and website use. I also give my consent for my child to be cared for by camp personnel and be taken to a doctor or hospital in case of an emergency.

SIGNATURE OF PARENT OR GUARDIAN

X _____ Date _____

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