

# Medical and Liability Release Form

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

Grade You Are Completing: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

T-shirt Size: YM YL AS AM AL AXL AXXL AXXXL

Church Attending: \_\_\_\_\_ School Attending: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Health History, Allergies, & other Conditions

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Insect Stings   | <input type="checkbox"/> Drug Reactions | <input type="checkbox"/> Allergies         |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Chronic Asthma    |
| <input type="checkbox"/> Stomach Aches   | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Dizziness      | <input type="checkbox"/> Plant Reactions   |

If you checked any if the above, please provide details including normal treatment of allergic reactions.

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

Tetanus Shot Current: \_\_\_\_\_ Activity Restrictions:  Yes  No

Describe Restrictions: \_\_\_\_\_

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

Name and dosage of any medications that must be taken: \_\_\_\_\_

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

First Baptist Dallas' insurance provides for only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Do you have health insurance?  Yes  No

If so, please provide:

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

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

## Medical Release

"In the event that I cannot be reached in an emergency during this event, I hereby give my permission to the nurse, physician, medical facility, or dentist selected by the leadership of First Baptist Dallas to hospitalize, to secure treatment, and or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I authorize the Camp Director and other camp staff in charge to obtain necessary medical attention in case of sickness or injury to my child."

## Liability Release

By signing this form, the parent and or parents, or guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold First Baptist Dallas or it's employees or any volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Date: \_\_\_\_\_, 2010

(Parents Signature Required Below)

Father: \_\_\_\_\_

or Mother: \_\_\_\_\_

Guardian (if necessary): \_\_\_\_\_

We will try to accommodate your special rooming requests, but cannot guarantee that we will be able to honor all requests.

Counselor Requested: \_\_\_\_\_

Cabin Mates Requested: \_\_\_\_\_ / \_\_\_\_\_

## (FOR OFFICE USE ONLY)

Cabin Assignent: \_\_\_\_\_

Counselor: \_\_\_\_\_

Family Group Leaders: \_\_\_\_\_ / \_\_\_\_\_

Registration Fee Paid \$ \_\_\_\_\_ Balance of Camp Fee Paid \$ \_\_\_\_\_

Name on Check: \_\_\_\_\_ Forms in: \_\_\_\_\_

(Return printed & signed form to welcome desk on your Sunday school room floor by August 1)