2021 Mountain Lakes Bible Camp Health and Medical Release Form

Adult Camper's Nar	me:			
Insurance Co	Policy #			
Health Concerns:	Seizures	Diabetes	Asthma	
	Allergies	Depression	ADHD	
	Bed Wetting	Special Diet		
Other health conce	erns for you or fo	r children attending	g with you:	
Please check any m	nedications the ca	amper/family SHO U	JLD NOT receive:	
Antibiotic OintmentBenadryl		adryl	Calydryl/Benadryl	
Chlortrimeton	Cou	gh Drops	Dimetapp	
Hydrocortisone C	CrIbup	rofen	Imodium	
Maalox Plus	Robi	tussin	Tylenol	
Topical Anesthet	icTun	ns		
It is my intention that	I, and any family m	embers attending wi	th me, plan to participate fully in	the selected camp program. I hereby verify that
the above information	n is complete and a	ccurate to the best of	my knowledge. I verify that all I	mmunizations are up to date for myself and my
children (if applicable) who are attending	g a sponsored camp a	t Mountain Lakes Bible Camp, an	d hereby grant permission for my child to receive
first aid and emergen	cy treatment by car	np personnel in the e	vent of illness or injury, or by the	hospital emergency room in case I cannot be
reached immediately	or am incapacitated	d. I voluntarily waive	any claim against Mountain Lake	es Bible Camp, camp personnel, or other persons
transporting my child,	, against all liability,	claims, damages, att	orney fees, or expenses arising o	ut of or in connection with any activities or the
above organization. I	also give permissio	n for myself and/or n	ny child's photo or image to be us	sed in any media presentation for Mountain
Lakes Bible Camp. I a	gree to notify the c	amp of any changes p	rior to the camp session.	
Signature of adult car	mper/ parent or gu	ardian	Date	