

## 2021 Mountain Lakes Bible Camp Health and Medical Release Form

Camper's Name \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date Of Last Tetanus Immunization \_\_\_\_\_

Health Concerns:   ☐ Seizures                      ☐ Diabetes                      ☐ Asthma  
                                 ☐ Allergies                      ☐ Depression                      ☐ ADHD  
                                 ☐ Bed wetting                      ☐ Special Diet

Other concerns: \_\_\_\_\_

Describe current treatment/medications camper will need to receive at camp:

Please check any medications the camper **SHOULD NOT** receive:

<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Calydryl/Benadryl
<input type="checkbox"/> Chlortrimeton	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Dimetapp
<input type="checkbox"/> Hydrocortisone Cr.	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Imodium
<input type="checkbox"/> Maalox Plus	<input type="checkbox"/> Robitussin	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Topical Anesthetic	<input type="checkbox"/> Tums	<input type="checkbox"/> Other _____

This child has my permission to participate fully in the selected camp program including water activities. I hereby verify that the above information is complete and accurate to the best of my knowledge. I verify that all Immunizations are up to date, and hereby grant permission for my child to receive first aid and emergency treatment by camp personnel in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. I voluntarily waive any claim against Mountain Lakes Bible Camp, camp personnel, or other persons transporting my child, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with any activities or the above organization. I also give permission for my child's photo or image to be used in any media presentation for Mountain Lakes Bible Camp. I agree to notify the camp of any changes prior to the camp session.

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_