

MEDICAL RELEASE FORM

Name _____ Birthdate ____/____/____ Age _____

Address _____ City/ST/Zip _____

Church Name _____ City, ST _____

Parent/Guardian Name _____ Employed by _____

Home Address (If different from above) _____ City/ST/Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____

Name of Physician: _____ City, ST _____ Phone (____) _____

Are you currently taking medicine or treatment? yes no

If yes, explain _____

Have you been restricted from sports or swimming for any reason?

yes no If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?

yes no If yes, explain _____

Do you have:

Sinus Trouble

Hay Fever

Heart Trouble

Epilepsy

Asthma

Diabetes

Communicable Diseases

If yes, please explain _____

List any Allergies:

Food _____

Drugs _____

Other Medical Needs _____

EMERGENCY MEDICAL AUTHORIZATION

Event: Kids Camp 2019

Today's Date _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to the Kids Camp Director, or his designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent
Sign
Here

Parent/Guardian Signature _____

Insurance Company _____

(If not insured, please write "none" on the line above)

Mailing Address to Submit Claims: _____

City, ST, Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

(____) _____ or (____) _____

My child may be given the following by the camp nurse without calling me:

Ibuprofen

YES NO

Tylenol

YES NO

Benadryl

YES NO

Parents Signature _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this inst

