



Psalms Camp
P. O. Box 7 * Kingsland, AR 71652
(870) 348-5426 or (870) 348-5604
FAX (870) 348-5429
Medical Release



Camper's Name _____

Birth date _____ Sex _____

Spouse/Parent/Legal Guardian's Name _____

Address _____

Phone (home) _____ (work) _____

Email _____

List all medications brought to Camp: _____

_____ Any Allergies? _____

List all restrictions for Camp activities: _____

Physician's Name _____

Physician's Address _____

Physician's Phone (work) _____ (home) _____

Family Insurance _____

Insurance Company's Address _____

Insurance Company's Phone _____

Policy Number _____

Camp Sponsor's Name _____

Alternate Contact Person (besides parent/spouse) _____

Alternate Phone Number _____

Additional Comments: _____

Being the camper or parent/legal guardian of the above mentioned individual, I hereby grant permission for him/her to participate fully in a trip to Psalms Camp—Kingsland, Arkansas with _____ (name of group). I grant permission to take said participant to doctor or hospital and authorize medical treatment, and I will assume responsibility of all medical bills, if any.

Furthermore, I do hereby release forever discharge and agree to hold harmless the Psalms Camp of Kingsland, Arkansas for personal injury, illness or death, as well as personal property damage and expenses of any nature which may occur while said camper/child participates in this activity.

Date: _____

Signature of Adult Camper or Parent/Legal Guardian