

MEDICAL RELEASE FORM

Name _____

Address _____

City/State/Zip _____

Birth date ____/____/____ Age ____ Church Name / City _____

Parent/Guardian Name _____

Address (if different than above) _____

City/State/Zip _____

Employed by _____ Daytime Phone (____) _____

Evening/Night Phone (____) _____ Cell 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 _____

Checked for HEAD LICE before attending camp? yes no

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 _____

Special Diet _____

ALL CAMPERS ARE COVERED BY PRIMARY INSURANCE WHILE AT CAMP. The State of Kansas requires the automobile insurance on the vehicle in which the camper is riding to be the primary insurance during travel to and from the camp.

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the Weir Baptist Camp personnel 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/Guardian Signature _____

Insurance Company _____ Policy Number _____

Mailing Address to submit claims: _____

If I cannot be reached, please notify _____

HOME (____) _____ WORK (____) _____ CELL (____) _____

TODAY'S DATE _____