

HERITAGE BAPTIST BIBLE BOOT CAMP

REGISTRATION/MEDICAL RELEASE FORM

Camper's Name _____ Age _____ Sex _____
Birth date _____ Address _____
City _____ State/Zip _____
Phone # _____
Home Church _____
Pastor _____ City _____ State/Zip _____

Are you currently taking any PRESCRIPTION MEDICATION?

Yes _____ NO _____ If yes, please specify

(please report to the camp nurse for supervision)

Do you have any medical conditions which may limit your foods or activities?

Which over the counter medications are you ALLOWED to have?
(Example: Tylenol, Ibuprofen, Benadryl, etc... Please DO NOT leave it blank)

Please list any current or chronic health problems _____
Do you have any allergies? Yes _____ No _____ If yes, please specify _____
Family Doctor _____ Doctor's Phone # _____
Name of Primary Medical Insurance _____

**(Please send a copy of your INSURANCE CARD or DSHS COUPON
with your registration packet)**

If DSHS has HEALTHY OPTIONS send a copy of the card that goes with the coupon)

In case of an accident, does the parent or legal guardian give permission for medical treatment if necessary? Yes _____ No _____ If no, please explain _____

I accept all responsibility for refusing medical assistance:

X _____

Signature of Parent or Legal Guardian

(any complications or added problems due to not giving permission is parent or guardian's responsibility)

In case of an accident, does the parent or legal guardian give permission to transport if an injury occurs?
Yes _____ No _____ If no, please explain what you would like us to do _____

In case of emergency, please contact:

Name Relationship Phone #

X _____
Signature of Parent or Legal Guardian and Date

*****IF YOUR FORM IS NOT POSTMARKED BY JULY 24, 2021 YOU
WILL NOT HAVE A SPOT RESERVED FOR 2021 BOOT CAMP*****