

HERETAGE BAPTIST BIBLE BOOT CAMP

MEDICAL REGISTRATION/RELEASE FORM

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
Birth date- \_\_\_\_\_ Address \_\_\_\_\_
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 28, 2023 YOU WILL NOT HAVE A SPOT RESERVED FOR 2023 BOOT CAMP\*\*\*\*