

**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 25, 2023 YOU WILL NOT HAVE A SPOT
RESERVED FOR 2024 BOOT CAMP******