

## 2023 Mountain Lakes Bible Camp Health and Medical Release Form

Camper's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date Of Last Tetanus Immunization \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Health Concerns:

\_\_\_\_\_

\_\_\_\_\_ Please list any medications the camper

SHOULD NOT receive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ It is my intention that I, and any family members attending with me, plan to participate fully in the selected camp program. I hereby verify that the above information is complete and accurate to the best of my knowledge. I verify that all Immunizations are up to date for myself and my children (if applicable) who are attending a sponsored camp at Mountain Lakes Bible Camp, and hereby grant permission for my child to receive first aid and emergency treatment by camp personnel in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately or am incapacitated. I voluntarily waive any claim against Mountain Lakes Bible Camp, camp personnel, or other persons transporting my child, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with any activities or the above organization.

\_\_\_\_\_ I also give permission for myself and/or my child's photo or image to be used in any media presentation for Mountain Lakes Bible Camp.

\_\_\_\_\_ I agree to notify the camp of any changes prior to the camp session.

Signature of adult camper or parent/guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian printed name (if camper is under 18) \_\_\_\_\_