

Medical Release Form for Gospel Camp

This sheet is necessary for every minor that is not accompanied by a parent or guardian.

Name of your child (print clearly) _____

Name of insurance company _____

Policy or group number _____

Name of family physician _____ Phone _____

Allergies

Food _____ Medicines _____ Other _____

Special Needs

Medical conditions and disabilities: (such as diabetes, asthma, seizure disorder, etc.)

Prescriptions _____

Other _____

Authorizations

Alternate Responsible Ones: In the event of an emergency or illness with our child, we authorize the serving ones to contact the following alternate responsible persons who are over the age of 18.

Name _____ Relationship to child _____ Cell _____

Name _____ Relationship to child _____ Cell _____

Emergency Medical Services: We also authorize the responsible ones at the Gospel Camp to call an emergency ambulance in the event of my child's accident or acute illness, and to arrange for necessary emergency medical or surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify either myself or the persons designated above, before such action will be taken.

Signature of parent or guardian Date Cell

If possible, please attach a photocopy of the child's Medical Insurance Card to this sheet.