

HEALTH / MEDICAL RELEASE FORM

Camper's Name: _____ Age: _____ Grade just completed: _____

Church's Name: _____ Camper's Gender: Male Female

Sponsor's Name: _____ Pastor: _____

Date's Attending Pine Springs Baptist Camp: _____

Will camper be taking medication while at camp? If yes, please complete the following:

Medicine: _____ Dosage: _____ Time of Day: _____

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Medication will be turned over to the nurse upon arrival at camp. ABSOLUTELY NO MEDICINE WILL BE ADMINISTERED UNLESS IT IS IN THE ORIGINAL OR PRESCRIPTION PACKAGING.

Check illnesses your child has had: **Measles** **Mumps** **Typhoid** **Scarlet Fever** **Polio**
Whooping Cough **Kidney Ailments** **Chicken Pox** **Diphtheria**

If the camper has recently been under a doctor's care, or there are special health problems, handicaps, allergies or behavioral problems the camper has, please explain or list on a separate sheet of paper and attach to this form.

In case of emergency notify:

Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Secondary emergency contact:

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Medical Insurance: Our camp medical insurance covers those injuries which occur at camp and those illnesses which begin at camp. Maximum coverage is \$2,500.00 and is secondary to camper's primary insurance. Please fill out the following personal medical insurance information.

Company Name: _____ Policy #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have doctor bill me: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

State of Texas Law Requirements: Are you 18 years of age or older? _____

Have you ever been convicted of a felony or a misdemeanor? _____

If yes, please contact the office of Pine Springs Baptist Camp for additional information on attending.

Consent for medical treatment: *I give full permission for the above camper to attend Pine Springs Baptist Camp and to take part in all activities. My child will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the Camp Personnel and/or Sponsors responsible for any accident or illness; and if necessary, I authorize the camp personnel or sponsor to take my child to a physician or hospital. I also give my full consent for the doctor selected to render professional services to my child, if he or she becomes ill or is involved in an accident. As parent/legal guardian, I give my permission for the above camper to be photographed and/or filmed during the activities at PSBC. The photographs and/or film will remain the property of PSBC and may be used in camp media, publications, or website. If the above named camper is of the age 18 years or older, I grant authorization to perform the necessary background check as required by the State of Texas.*

Signature of Parent or Guardian: _____ Date: _____