



Medical Information and Release

Student's Full Name

Student's Church Name: _____

Student's Church Leader: _____

Sex: ___ Age: ___ DOB ___/___/___ T-shirt Size: ___

In case of emergency, notify:

Name: _____

Address: _____

Phone: H () _____ C () _____

Family Physician:

Name: _____

Address: _____

Phone: () _____

Is the student covered by medical/hospitalization insurance?

___ Yes ___ No

Name of Ins. Co. _____

Address: _____

Phone: () _____

Policy Holder: _____

Policy Number: _____

Type of Plan: ___ Group ___ Individual

Allergies: ___ Penicillin ___ Insect Bites
 ___ Hay Fever ___ Poison Ivy

Other: _____

Date of last Tetanus shot: _____

Is the student on any drugs/medications: _____

If so, please indicate: _____

What medications will be brought to Reignite?

Note: Any/all medications that are brought to Camp MUST be turned in to the designated adult from the sponsoring church group during the student's stay. No student will be allowed to keep any drugs/medication in his or her possession at any time.

Release Agreement

I, the parent/guardian as signed below, hereby give consent and/or authorization for the student listed on this form to be examined by a medical or dental personnel, as dutifully licenses to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the student. I also understand that my insurance is primary in any and all claims, and the sponsoring church group becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of Parent/Guardian (must be over 18)

Date: ___/___/___

As sworn and ascribed before me, this ___ day of _____,
 20_____. My commission expires ___/___/___

Notary Seal