

Medical Release Form

Participant Name: _____

Family Address: _____

Phone Number: _____

City/State: _____

Church Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Emergency Contact: _____

Relationship: _____

Medical Profile

Please note any medical history to be aware of: _____

Any allergies: _____

Special Diet needs to be aware of: Motrin? Yes No

*1

If participant needs medication while at camp, fill out attached Medication Form.
** All medications will be handled and administered by the camp nurse.

_____ (Participant's name) has the permission of the undersigned to participate in Youth Leadership Camp from June 2 - 26, 2024. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual's action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Signature of Parent/Guardian: _____

Medication For

*All medications must be given to the Camp Nurse. Place them in a large Ziploc bag with this form inside. Prescriptions must be in the original container with the camper's name and the current dosage.

Camper's Name: _____

Church Name: _____

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