

Milford Park Day Camp Registration, Medical Information and Release Form

(Each camper needs a separate form)

Name _____ M/F _____ Birth Date _____ Age at camp _____

Address _____

City, State, Zip Code _____

Parent Email address _____

Home Phone _____ Work # _____

Cell (mom) _____ Cell (dad) _____

Emergency Contact Name _____ Relationship _____

Emergency contacts name phone # _____

Who is authorized to pick up your child _____

Campers Primary Insurance Co. _____

Campers Physician _____ Phone # _____

Medical conditions (physical or mental limitations)

Regularly administered medications:

Name: _____ Dosage: _____ Time: _____

**** Camp Nurse needs Epi-pen
and inhalers at hand in case
needed.**

Allergies: (check those which apply and specify nature of allergic reaction)

Foods _____

Bee/Insect stings _____

Pollen/Dust _____

Plants _____

Medicines _____

Other _____

Parent's Authorization- All the information provided here is accurate and true to the best of my knowledge. I give my permission for my child to engage in all camp activities except as noted. I understand that inherent in camp activities is some risk of physical injury and I release Milford Bible Camp and their volunteers from liability for injury incurred in all camp activities. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals to hospitalize, secure treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment. I give permission for the Camp Nurse to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed.

The individual volunteer's or camper's insurance carrier is primary to Milford's insurance. Even though Milford's insurance coverage is secondary, in case of any incident, a report form (available in Milford's Park office) must be completed and submitted to Jay Reinhard or Jack Delong within twenty four (24) hours of occurrence. Milford's insurance carrier will not honor any claims presented at a later date.

Print Parent or Guardian name _____

Parent or Guardian signature _____ **Date** _____

This signed form(s) and registration fee of \$240.00 / camper (**check made payable to Milford Bible Camp**) to be mailed to **P.O. Box 461 Zionsville, PA 18068**