

Merge Medical Release Form / Permission to Treat

(This can be used for a medical form if your church does not currently have one. The individual churches will be responsible for the medical care of their campers and adults. The children's minister will need a medical form for each attendee on hand while at camp in case medical treatment is needed. It is recommended the children's minister also request a copy of the child's insurance card to keep with this form.)

Name of Church: _____

City/State: _____

Personal Information of child attending camp:

Name: _____

DOB: ____/____/____

Age: _____ Gender: ____

Address: _____

City: _____

State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Contact Phone: (____) _____

Secondary Contact: _____

Relationship: _____

Contact Phone: (____) _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group #: _____

Policy #: _____

Cardholder: _____

Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____) _____

Personal Medical Information:

Physician's Name: _____

Phone: (_____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____

Date _____

The children's minister may also require this form to be notarized.

The following should be completed by the notary witnessing the parent/guardian's signature.

The State of _____ the County of _____ Before me, a
Notary Public, on this day personally appeared _____ known to me (or proved to me
on the oath of _____) to be the person whose name is subscribed to the
foregoing instrument and acknowledged to me that he executed the same for the purpose and
consideration therein expressed. Given under my hand and the seal of the office this
_____ day of _____, A.D. _____.

Notary Public Signature _____

My commission expires the _____ day of _____, A.D. _____.

