

****Health Record.** Please fill out completely. **No child will be admitted without a completed and signed form.**

CHILD'S NAME _____ Biological Sex ____ F ____ M

Legal Guardian	Work/Cell Phone	
Health Insurance Company	Policy Number	
Employer	Policy Holder	Insurance Phone #

Dr. Name and Phone
Health Problems or Limitations:

May your child be given the following:	YES	NO	What is the date of the last Tetanus Shot/Booster
Tylenol/Ibuprofen			
Benadryl/Antihistamines			
Decongestants/Cough Medicines			

May your child be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes?			List any exceptions:
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Allergies: Please list

Food Allergies	Allergic to medication/drugs	Yes/No
Insect Bite Allergies	If yes, please list allergies:	
Plant Allergies	Are immunizations up to date?	

Medication that you will be bringing to camp:

I, the parent or legal guardian of _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included information. I hereby authorize any authorized camp personnel to obtain any medical care necessary. Parent's signature authorizes emergency treatment in the event of illness/injury when parents aren't immediately available. I further understand that I will be held responsible for any medical expenses incurred.

Signature of Parent or Guardian _____ **Date** _____

****Photo Release**

In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District Council of the Assemblies of God for the use of such photographs or video.

Signature of Parent or Guardian _____ **Date** _____