

**\*\*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:
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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 Ministry Network 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** \_\_\_\_\_