

# South Mountain Baptist Camp Medical & Release Form

\*to be completed by campers AND chaperones\* \*siblings/family can NOT share a form\*

## CONTACT INFORMATION

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alt Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact 2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alt Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## MEDICAL INFORMATION

Health Problems/Activity Restrictions: \_\_\_\_\_

Allergies (including drug allergies): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medications (must be in a chaperone's possession): \_\_\_\_\_

May Acetaminophen (Tylenol), Ibuprofen, Diphenhydramine (Benadryl), Pseudoephedrine (Sudafed), Dextromethorphan (Robitussin), Brompheniramine and Phenylephrine (Dimetapp), Cough Drops, Bismuth Subsalicylate (Pepto Bismol), Dramamine, and/or anti-diarrhea medication be administered to your camper?

Circle: Yes. No. Notes: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Are vaccinations up to date? Yes. No.

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

## RELEASE

It is mandatory that this form be completed, signed, and dated by a legally responsible parent/guardian.

1. I, the undersigned, hereby give permission for the child listed on this form to attend the sponsored camp at South Mountain Baptist Camp (SMBC). I agree to hold harmless SMBC or its agents for any and all claims for injuries, illnesses, causes of action, the rendering of emergency care, or liability related to participating in camp activities. I give permission for this child to participate in all camp activities including swimming, ropes course, and other recreational activities.

2. I further give permission for my child to participate in offsite mission projects and/or activities that require travel to locations not on the premises of SMBC.

3. I, the undersigned, understand that if medical treatment is required, every effort will be made to contact me. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named on this registration form.

4. I give permission to SMBC and the Christian Camping & Conference Association to photograph and/or video tape my child for current and future promotional use.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_