

Baptist Youth Camp 2017 Medical Information, Authorization and Release Form

The following information is provided to assist congregational leadership, Baptist Youth Camp staff, Laurel Ridge Camp and Conference Center, and any necessary health care provider(s), and is accurate to the best of my knowledge. I understand that in the case of an emergency or illness, every effort will be made to contact me, and/or the emergency contact person I have indicated.

Participant's Name _____ Date of Birth _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Relationship _____

Daytime phone _____ **Evening phone** _____

Alternate emergency contact: _____

Phone: _____ **Relationship** _____

Current Medications _____

(Please pack prescription medications clearly labeled in original containers.)

Allergies to **Medications** _____

Food or Other Allergies _____

Please give the most recent date (at least year) for DTAP or DT (tetanus) vaccination:

(If camper experiences an open wound injury and there is no information regarding a tetanus vaccination, health professionals will likely administer one as precaution.)

Other pertinent medical or dietary information: _____

Primary Physician _____

Address _____

City _____ State _____ Zip _____ Phone _____

Medical Insurance Carrier _____

Policy number _____ Group number _____

BYC Participant Signature _____

(Parent or other legal guardian must complete page 2 for campers under 18.)

For participants under the age of 18:

I, _____, do hereby give my permission for the camper described herein to participate in the Baptist Youth Camp at Laurel Ridge Moravian Camp and Conference Center, inclusive of transportation, except as noted. I hereby authorize guardian authority to congregational, BYC and Laurel Ridge leadership to sign on my behalf any and all medical or dental treatment contracts and treatment authorization forms without limitation that the guardian deems necessary for the benefit of my child in the event of illness or injury. I agree to pay such expenses as are incurred, either directly or through submission to my insurance carrier.

I hereby, for myself, the minor camper described herein, or heirs, executors, administrators or anyone else who might claim on our behalf, covenant not to sue, and to release, waive, and forever discharge Baptist Youth Camp, Laurel Ridge Camp and Conference Center, **xxxx Church**, and all other adult staff and chaperones from any liability arising out of my child's participation in Baptist Youth Camp, apart from actions illegal or grossly negligent.

Signature _____ Date _____