

# Thanksgiving Camp 2018

## MEDICAL RELEASE FORM

Church Name: \_\_\_\_\_

Camper First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

Secondary Emergency Name: \_\_\_\_\_

Secondary Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special medical institution and/or allergies:

\_\_\_\_\_  
\_\_\_\_\_

I promise to obey the rules and regulations of Thanksgiving Camp and I will cooperate with leaders and fellow campers. If I do not follow the rules and regulations as specified by camp leaders, I understand that I may be returned home without refund. I hereby release to Vietnamese Hope Baptist Church and the camp's director(s) affiliated for the liability in case of an accident. I understand that this camp does not cover any injury insurance.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents of Camper under 18 years old:

In case of accident, illness, or injury, I hereby give permission for medical attention to be given.

I hereby release to Vietnamese Hope Baptist Church and the camp's director(s) affiliated for the liability in case of an accident. I understand that this camp does not cover any injury insurance.

Parent's Camper's Signature \_\_\_\_\_ Date: \_\_\_\_\_