

Medical Release Form - Dakota Baptist Convention Youth Camp – 2019

Please attach a photo copy of your Health Insurance Carrier with the policy number.

Church Attending with: _____

Campers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ M/F _____ Phone: _____

T-shirt Size: Adult - **S M L XL 2XL 3XL**

Parent/Guardian Name: _____

Emergency contact:

Name: _____

Phone: _____

Immunizations to date: **Yes / No**

Please list all allergies:

Medications needed during camp: _____

Limited Power of Attorney: Consent to treat a minor only-

I give my permission/power to staff members or adult volunteers of the Dakota Baptist Convention Youth Camp for all emergency treatment and medical care of: (camper's full name)- _____ that is necessary or desirable by the child's attending physician. I give my permission to the staff at the Dakota Baptist Convention Youth Camp to treat minor injuries and dispense medicine. A registered nurse will be on duty at all times during the week of camp. I permit my child to attend the camp and participate in its activities. I agree that the Dakota Baptist Convention, a non-profit corporation, its officers, staff, employees and volunteers will not be liable for injuries, death, damage or loss to my child.

I have read and understand the terms of this agreement and am the parent/guardian of _____ (child's name).

Parent/Guardian Signature

Date

Witness

Date