



Laurel Lake Baptist Camp Application and Medical Release Form (Grades 3rd -12th)

Camper's Full Name _____ Gender. M F
DOB: ____/____/____ Church Affiliation: _____
Parent / Guardian _____ Phone: _____
Address: _____ City _____ St _____ Zip _____
Emergency Contact: _____ (relationship) _____
Phone: _____ Work: _____ Cell: _____
Email: _____ Grade Completed _____ T-Shirt Size _____

Camper's Current Physician: _____ Phone: _____

Health Insurance co. _____

Policy Number: _____ Name of Member _____

To the best of my knowledge, this child is healthy and fit for an active camp program? YES NO

Date of last tetanus shot. (MM/DD/YYYY). _____

Are immunizations current? YES NO

Previous hospitalizations /surgeries _____

Limitations of activities by physician's advice _____

The camper is currently experiencing or has recently had problems with

_____ Hay Fever	_____ Frequent Ear infection	_____ ADD/ADHD
_____ Ivy Poisoning, etc	_____ Convulsions	_____ Epilepsy
_____ insect /bee stings	_____ Diabetes	_____ Concussion
_____ Penicillin	_____ Bleeding / clotting disorders	_____ Counseling
_____ Asthma	_____ Bed-wetting	_____ Other Please specify
	_____ Sleep walking	_____

Medications:

Types of Medications _____

How to administer _____

Purpose of medication: _____

Other Comments _____

Consent Form

Medical Release: The health history is correct so far as I know, permission to engage in all prescribed camp activities except as noted. My permission is granted for the camp or event director, church official, any camp or event staffer or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child.

Photo / Video Release:

I understand that as a participant, I or my child may be photographed or videoed during normal camp or event activities, and these photos/videos/ may be used in promotional materials related to Laurel Lake Baptist Camp and the Laurel River Baptist Association.

Liability Release: I hereby release and forever discharge the Laurel Lake Baptist Camp and Laurel River Baptist Association and their employees from any and all claims, costs, demands, actions, or causes of action, past, present, or future arising out of any damage or injury in connection with my child's participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands damages, injuries, costs, suits or causes of action past, present and future arising out of or caused by myself or my child while participating in the camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant Signature _____ Date ____/____/____

Parent /Guardian Signature _____ Date ____/____/____