



# 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Camper's Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance co. \_\_\_\_\_

Policy Number: \_\_\_\_\_ . Name of Member \_\_\_\_\_

Has your child been exposed to any communicable diseases in the last 6 months? YES NO

If yes, Please specify: \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_