

Medical Form

WV Free Methodist Blackhills Camps

Camper Information

Name: _____ Birthdate: ___/___/___

Address: _____

Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact (other than parent/guardian listed above)

Name: _____

Phone: _____ Relationship: _____

Insurance Information

Company: _____ Policy #: _____

Address: _____

Policyholder: _____

Medical Information

List any allergies _____

Present Medications _____
(include dosage) _____

List any medical _____
Problems _____

Family Doctor _____ Phone _____

Date of Last Tetanus Shot: ___/___/___

Release and Signatures

In case of emergency, the camp directors have my permission to treat or sign for medical/surgical treatment at a health care facility. (Every attempt will be made to notify parents/guardians.)

Authorization is given for camp staff to give my child Tylenol as needed for minor aches, pains, etc.

I have read the above and I give my consent for treatment of my child. I also further agree that the Blackhills Camp, Camp Association, the Free Methodist Church, nor camp staff will be held liable or responsible for any injury or incident involving my child.

Signed: _____ ___/___/___

Witness: _____