



CAMP WORKER PERMISSION/MEDICAL RELEASE

PLEASE PRINT – THIS DOCUMENT IS VALID UNTIL CANCELLED OR CORRECTED IN WRITING

NAME _____ BIRTH DATE _____ PRESENT AGE _____
 STREET ADDRESS _____ MALE FEMALE, GRADE IN FALL _____
 CITY, STATE, ZIP _____
 E-MAIL ADDRESS: _____ HOME PHONE _____
 CHURCH / GROUP: _____ CELL PHONE _____

PARENT OR GUARDIANS NAME _____ HOME PHONE _____
 E-MAIL ADDRESS: _____ CELL PHONE _____
 ALTERNATE PERSON: _____ PHONE _____
 E-MAIL ADDRESS: _____ CELL PHONE _____

MEDICAL INSURANCE CARRIER: _____

MEDICAL TREATMENT WITHIN THE PAST YEAR: _____

- BLEEDING / CLOTTING HYPERTENSION MONONUCLEOSIS HEART CONDITION EYE, EAR, NOSE, THROAT
 DIABETES ASTHMA CONVULSIONS / SEIZURES TUBERCULOSIS ATHLETES FOOT CHICKEN POX

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: (INCLUDE PENICILLIN) _____

SPECIAL MEDICATION / DIET: (ATTACH INSTRUCTIONS OF MD) _____

LIMITATIONS TO ACTIVITIES: _____

LIST DISABILITIES: _____

SPECIAL NEEDS / OTHER: _____

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED AS, _____
 HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF SOUTHERN CALIFORNIA BIBLE CONFERENCE, TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO RELEASE ANY RECORDS NECESSARY FOR INSURANCE PURPOSES; AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR ME/OR MY CHILD IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP. I ALSO UNDERSTAND MY PHOTO OR MY CHILD'S PHOTO MAY BE TAKEN AT CAMP. I AUTHORIZE VERDUGO PINES BIBLE CAMP TO USE THESE PHOTOS FOR THE CAMPERS ENJOYMENT AND PROMOTIONAL PURPOSES. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNLESS REVOKED IN WRITING.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

SIGNATURE OF CAMP WORKER _____ DATE _____