



Medical and Liability Release

IN ADDITION TO THE HEALTH HISTORY FORM, ALL CAMPER AND GUESTS MUST COMPLETE THIS MEDICAL AND LIABILITY RELEASE TO PARTICIPATE IN ANY ACTIVITIES AT CAMP.

NAME _____ AGE _____ DATE OF BIRTH ____/____/____ DATE OF CAMP ____/____/____
 ADDRESS _____ E-MAIL _____
 CITY _____ STATE _____ ZIP _____ HOME PHONE (____) ____-____-____ CELL PHONE (____) ____-____-____
 IN EMERGENCY CONTACT _____ PHONE (____) ____-____-

MINORS MUST LEAVE WITH THE SAME PERSON THEY ARRIVED WITH, OR ANY PERSON LISTED ON THE BACK OF THIS PAGE. IF THERE ARE ANY CUSTODY ARRANGEMENTS PROHIBITING A MINOR'S PARENT FROM CONTACT WITH THAT MINOR, A COPY OF THE LEGAL ORDER MUST BE INCLUDED WITH THIS RELEASE.

PLEASE REVIEW YOUR GROUP'S INSURANCE POLICY TO VERIFY YOUR COVERAGE. YOUR INSURANCE CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN CASE OF ILLNESS OR INJURY WHILE YOU OR YOUR CHILD IS IN CAMP.

DO YOU HAVE HEALTH INSURANCE? YES _____ NO _____ NAME OF INSURANCE COMPANY _____
 INSURANCE COMPANY ADDRESS _____ POLICY NUMBER _____

MEDICAL RELEASE

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Emmanuel Heights to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the Health Supervisor on duty at Emmanuel Heights to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. This form and the Health History Form may be copied and given to the counselor if there is information pertinent to the care of your child. If there is a reason that you wish this information to stay confidential, please contact our Emmanuel Heights Office.

Parent/Guardian's signature _____ Relationship to camper _____
YOU MAY SIGN YOUR OWN RELEASE IF YOU ARE 18 OR OLDER
 Print name _____ Spouse's name _____ Date ____/____/____

OFFICIAL USE ONLY YES NO
 HEALTH SCREEN COMPLETE: MEDICATION ADMINISTRATION FORM REQUIRED: