

RELEASE AND MEDICAL HISTORY FORM

Student's Name: _____

MEDICAL HISTORY

Please list any medical condition(s) that we need to know about to accurately care for your student (s) at camp? Please provide details:

Also explain any other illness/injury and any treatment required (attach additional pages if needed) :

When did your child last receive a tetanus shot? _____

What is the name and phone number of your primary physician? _____

MEDICATIONS AT CAMP

Please make sure you have listed all medications that your child will bring to camp, dosages required and times taken on the back of this form. All medications must be in a pharmacy labeled bottle with the correct camper's name on it. Inhalers should be in a pharmacy labeled box. Sample medications should be accompanied by a written order from the physician. If a child is diabetic he/she must bring enough insulin for the camp session. A written doctor's prescription is required with the insulin. A student must be able to take blood sugar counts and give insulin on his/her own. **Do not send unlabeled medicine in zip lock bags. Do not send medicine for other persons. Send enough for the entire camp session.**

MEDICAL RELEASE

The Above health history is accurate to the best of my knowledge and the student listed has full permission to engage in all camp activities. I hereby give my permission to the physician selected by the camp director to order x-rays, routine tests, and treatment for the health of my child. In the case of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I also understand that prior prescribed medications my student is required to take, is the responsibility of the student to take when needed. In the event that my child needs the release of medical records from another hospital or doctor's office, I hereby grant my permission for the transfer of these records.

GENERAL RELEASE

I understand the Camp Director reserves the right to dismiss any camper (at his/her own expense) whose influence and conduct becomes in any way detrimental to the best interest of the other students of the camp. I expressly covenant and agree not to sue Fellowship Memphis, Laguna Beach Christian Retreat, their agents, officers, directors, board members, or employees for any injuries or damage of any kind that may occur as a result of this

camping experience. I realize that Fellowship Memphis reserves the right to use pictures and/or video taken at camp for future promotional purposes.

Parent(s)/Guardian(s) Signature _____ **Date** _____

MEDICATIONS

Name of Medication	Dosage	To Be Taken At	To Be Given At
			Please Check all that apply
		Breakfast Lunch Dinner Bedtime	

Name of Medication	Dosage	To Be Taken At	To Be Given At
			Please Check all that apply
		Breakfast Lunch Dinner Bedtime	

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			Please Check all that apply
		Breakfast Lunch Dinner Bedtime	

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		Breakfast Lunch Dinner Bedtime	

Name of Medication	Dosage	To Be Taken At	To Be Given At
			Please Check all that apply
		Breakfast	