

**ARKANSAS INTERFAITH CONFERENCE CHOIR CAMP 2015      MEDICAL RELEASE FORM**

Parental consent for medical treatment (Please use a separate form for each child)

[This form must be completed for admission to camp - return by July 1st, 2015]

The undersigned, being the parent, or legal guardian, of (camper) \_\_\_\_\_  
whose date of birth is \_\_\_\_\_, authorizes any necessary medical treatment of this camper  
during the time in which he/she is participating in AIC Choir Camp from July 19-25, 2015.

I guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, x-ray, lab, medication, ambulance, etc.).

All medical information will be considered confidential and will be used in confidence and only as needed by physicians, nurses, and their delegates. All information will be destroyed after the completion of Choir Camp.

PRINT THE NAME OF THE PERSON SIGNING \_\_\_\_\_  
(Parent/legal guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to camper \_\_\_\_\_ E-Mail \_\_\_\_\_

Home phone # \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Emergency contact person (other than above) \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

Photo copy of the insurance card **front and back.**    ATTACHED    WILL BRING TO CAMP (circle one)

Camper most recent immunization record.    ATTACHED    WILL BRING TO CAMP (circle one)

Camper most recent physical exam.    ATTACHED    WILL BRING TO CAMP (circle one)

Food or Drug Allergies\*? \_\_\_\_\_ Special Diet\*? \_\_\_\_\_ Other Conditions\*? \_\_\_\_\_

Takes Medication\*? \_\_\_\_\_ Does the camper have any limitations\*? \_\_\_\_\_

**\*If yes, please explain in detail on the back.**

The camper has permission to administer/store his/her medications: YES \_\_\_ NO \_\_\_

I request camp nurses or designates to administer/store medications listed above to camper: YES \_\_\_ NO \_\_\_

Family physician (type or print) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Camper:** Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

My camper is fit for FULL \_\_\_\_\_ or LIMITED \_\_\_\_\_ camp life.

**You must check in with the Camp Nurse upon arrival! This is Mandatory!**

Parent SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Office Use Only: Imm. Rec. \_\_\_\_\_ Phys. Ex. \_\_\_\_\_ Ins. Card \_\_\_\_\_**