

ARKANSAS INTERFAITH CONFERENCE CHOIR CAMP**2020 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, 2020.

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, 2020.

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. Campers must leave any over-the-counter and prescription medications with the camp nurse during camp registration. The camp nurse or designates will store and administer all over-the-counter and prescription medication during camp.

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 _____