

VALLEY BIBLE CHURCH MEDICAL AND LIABILITY RELEASE

Please complete and email this form as an attachment to: laragon@valleybible.org

Event: VBC Youth Summer Camp 2019

Dates: MS 7/8-13/2019 or HS 7/22-27/2019

(circle one)

Student Name _____ Date of Birth _____ Male
 Female

Address _____ City, State _____ Zip _____

Parent / Guardian Phone _____ Student Phone _____

In case of emergency, notify _____ Phone _____

Family doctor _____ Phone _____

HEALTH HISTORY (Check all that apply:)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavior/Nervous Disorder | <input type="checkbox"/> Other |

If any of the above are checked, please give details (include normal treatment of allergic reactions):

Date of last tetanus shot _____

Name, dosage, and frequency of any medications that must be taken regularly, or as needed:

Please list activity restrictions, if any:

If you child should require medical attention for injuries received or illness contracted prior to this event, give instructions here:

Do you have health insurance? _____ Insurance Company _____

Insurance Company Address _____ Policy Number _____

MEDICAL RELEASE:

In the event that I cannot be reached in an emergency during the event date(s) shown on this form, I hereby give my permission to the physician or dentist selected by Valley Bible Church to hospitalize, to secure proper treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Permission (enter your initials) _____ Parent/Guardian Name _____

Relationship to child _____ Spouse's Name (if applicable) _____ Date _____