



Health/Medical Release

Camper Name: _____ Date of Birth: _____ Male Female

Mailing Address: _____ City/State/Zip: _____

Parent/Guardian: _____ Cellular Phone: (____) _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Emergency Contact other than above parent/guardian:

Name: _____ Relationship: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Cellular Phone: (____) _____

Date of last Tetanus shot: _____

Please list any allergies (food, drug, etc.) _____

Please list allergy medication your child will be bringing to camp: _____

Dosages: _____ Times: _____

Please list any other medical conditions (physical or emotional) we should know about:

Current medications (other than allergy medications): _____

Dosages: _____ Times: _____

My child has permission to take the following "over the counter" medication (circle all the apply): Tylenol Aleve Advil Benadryl Pepto Bismol

Bring all medications (over the counter and prescription medications) in original labeled containers and give them to the nurse at registration. Please, ONLY bring the amount needed while at camp.

Please read and sign:

I hereby give my permission for Tallgrass Christian Camp, Inc. personnel to call a doctor or emergency service, and for the doctor, hospital, camp nurse, and/or medical service to provide emergency medical care for my child, _____ (first and last name) should an emergency arise. It is understood that camp personnel will make a conscientious effort to contact us in the case of an emergency and before medical action is undertaken. I/we accept the expense of emergency medical and/or surgical treatment (to the extent that it is not covered by insurance provided by the camp).

Parent/guardian signature: _____ Date: _____

Do you have current medical insurance coverage? Yes No

Insurance company name: _____

Name of insured: _____ ID/Policy number: _____

PLEASE BRING A PHOTO-COPY OF INSURANCE CARD

