

# Medical Release Form

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

## Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Cell Phone Number: \_\_\_\_\_

## Medical Profile

Please note any medical history to be aware of: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Special Diet needs to be aware of: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

May your child be administered Tylenol or Motrin? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*If participant needs medication while at camp, fill out attached Medication Form.**  
**\*\* All medications will be handled and administered by the camp nurse.**

\_\_\_\_\_ (Participant's name) has the permission of the undersigned to participate in **Youth Leadership Camp** from **June 23-26, 2024**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Signature of Parent/Guardian: \_\_\_\_\_

