

# Medical Release Form

Name of Camper: \_\_\_\_\_

Camper's date of birth (month, day, year): \_\_\_\_\_

Camp you are registering for (check all that apply)

- Soccer Camp . . . and so much more!       Vacation Bible School       Discovering Jesus  
 Adventure Camp       Follow the Leader Camp

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Name, address and phone number of primary care physician:

\_\_\_\_\_

\_\_\_\_\_

Emergency contact person \_\_\_\_\_

Emergency phone number \_\_\_\_\_

List any health related issues we should know about (including food allergies)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information that may be helpful for the camp staff to know

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Yes    No   My child may be given acetaminophen, ibuprofen, or Sudafed by adult counselors as needed.

In case of emergency and the designated person cannot be reached, I give the leaders of the camp permission to seek necessary medical attention for my child. Furthermore, I will not hold responsible the leaders of the camp, Bethel Lutheran Church, its staff or leadership for injuries due to my child's participation in camp activities.

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_ date \_\_\_\_\_

*Please drop this form off at the Bethel Lutheran Church office, or mail to:*

Bethel Lutheran Church  
2077 North Frederick Pike  
Winchester, VA 22603  
ATTN: Summer camps