

Hargis Christian Camp
P.O. Box 226, Chelsea, AL 35043 hargiscamp@gmail.com

Emergency Medical Release Form

Name _____ Gender ____ Age ____ DOB _____

Address _____ City _____ Zip _____

School _____ Grade _____

Parent/Guardian Name#1 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name#2 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address (if different) _____

Other Emergency Contact _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Eye Doctor _____ Phone _____

Health Insurance Provider _____

Phone _____ Policy Number _____

Please attach a copy- front & back- of insurance card.

Date of most recent tetanus shot/booster _____ Glasses or contacts? _____

List Allergies to medications _____

Any other allergies? (type, symptoms, etc.) _____

Is emergency medication required for this allergy? _____

Does your child have any condition or limitation the leaders should know about to assure his/her well being while at camp? Please explain _____

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Medical History Please check all that apply

	In past year	More than 1 year ago	Never		In past year	More than 1 year ago	Never
Diabetes				Fractures			
Convulsions				Frequent Colds			
Dizziness				Frequent headache			
Ear Problems				Frequent urination			
Encephalitis				Heart Disease			
Emotional issues/ hyperactivity				Hepatitis			
Epilepsy				Mononucleosis			
Eye Problems				Nose bleeds			
Fainting spells				Tires Easily			

Other: _____

May the Medical Supervisor administer any of the following to your child?

Symptoms	Treatment	Yes	No	Symptoms	Treatment	Yes	NO
Allergy, hives, bites	Benadryl			Fever, flu, headache	Acetaminophen, Ibuprofen		
Congestion	Sudafed			Menstrual Cramps	Acetaminophen, Ibuprofen		
Cough	Robitussin DM			Sore Throat	Acetaminophen		
Cuts	Peroxide, Neosporin						

I give my permission for my child to receive the above medications as indicated by the “Yes” column. Before treatment is provided for any other illness or injury, parental contact or physician advice will be sought. I will notify the camp if my child is exposed to any communicable disease during the 2 weeks prior to attending camp.

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In case of Medical Emergency, I give my permission to the medical supervisor selected by Hargis Christian Camp or their designees to secure proper treatment for or hospitalize, and order injection, anesthesia or surgery for my child named. **Every effort will be made to first contact a parent or guardian.**

I, the undersigned parent/guardian of the named minor, do hereby authorize Hargis Christian Camp, as agent for the above named consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of such physician or at said hospital. It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospitalization being required but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such care. I hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the health and safety provision for any and all States in the United States of America and to surrender parental custody of such minor to my above named agent upon the completion of treatment. These authorizations shall remain effective until September 30, 2022, unless revoked sooner in writing and delivered to such agents. A photocopy of this authorization shall have the same force and effect as the original.

Parent/Guradian signature _____

Printed Name _____