

## **Medical Information:**

**Camper Name:**

**Camper Birthdate:**

Does your child have any physical, emotional, mental, or behavioural concerns or limitations that our staff should be aware of? If it is found that any of the above concerns or limitations have not been disclosed, we reserve the right to send the camper home without a refund.

Yes      No

If yes, please explain:

Please list any allergies or dietary (food, medications, etc.) restrictions:

**Note:** If camper has any medications with them, include any instructions necessary for the camp nurse.

## **Contact Information:**

**Mother/Guardian:**

Home Phone:

Work Phone:

Cell Phone:

**Father/Guardian:**

Home Phone:

Work Phone:

Cell Phone:

**Emergency Contact: *(Other than parent/guardian)***

Contact Name:

Home Phone:

Work Phone:

Cell Phone:

**Waiver:**

Medical Permission: In case of emergency, and in lieu of my availability, I hereby give permission for qualified medical personnel to give my child any medical care and treatments deemed necessary. I understand and agree to indemnify and hold blameless the Ministry Staff, Pinecrest Baptist Bible Camp, and its Camp Board from and against any loss, damage or injury suffered by the participant because of being part of the activities of Pinecrest Baptist Bible Camp. As well as any medical treatment authorized by the supervising individuals representing the camp. This consent and authorization are effective only when participating in or travelling to events of Pinecrest Baptist Bible Camp.

Parent/Guardian Signature:

Date: