

## Medical Information and Release Form

*Parents: Please complete and sign the form below and hand in to your church camp representative.*

<b>name</b>	_____	_____
	<i>(last name)</i>	<i>(first name)</i>
<b>address</b>	_____ _____	
<b>health problems</b>	_____ _____	
<b>food / drug allergies</b>	_____ _____	
<b>current medications</b>	_____ _____	
<b>primary / parental contact</b>	_____	
<b>address</b>	_____ _____	
<b>phone number</b>	_____	
<b>emergency contact</b>	_____	
<b>relationship</b>	_____	
<b>phone number</b>	_____	
<b>physician / medical clinic</b>	_____	
<b>phone number</b>	_____	
<b>insurance company</b>	_____	
<b>health plan</b>	_____	
<b>I.D. no.</b>	_____	
<b>other pertinent information</b>	_____ _____	

*Parents: Having read the following, please sign and date below.*

*I recognize that under ordinary circumstances, every effort will be made to contact the parents in case of illness or emergency. However, some situations dictate that AIM SE Youth Camp must obtain permission from or turn the care of my child over to one of the adults I have indicated on this form. In the absence of these or any other specific directions, AIM SE Youth Camp authorities are empowered to use their best judgment in the interest of the health and safety of my child.*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*