

Medical Information and Release Form

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

name	_____	_____
	<i>(last name)</i>	<i>(first name)</i>
address	_____	

health problems	_____	

food / drug allergies	_____	

current medications	_____	

primary / parental contact	_____	
address	_____	

phone number	_____	
emergency contact	_____	
relationship	_____	
phone number	_____	
physician / medical clinic	_____	
phone number	_____	
insurance company	_____	
health plan	_____	
I.D. no.	_____	
other pertinent information	_____	

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