

Dickey Lake Bible Camp "Medical Form"

Liability release is required for all participants and staff under 18 years.

Participant's Name: _____

Parent/Guardian's Name: _____

The health of each participant at DLBC is very important for the best camping experience. A participant who is ill should not be sent to camp. We desire to give each camper a safe stay.

Please list any medical conditions that apply to participant (explain).

Date of last Tetanus Shot ___/___/___ Allergies: _____

Medications/dosage brought with participant (prescription and non-prescription).

Insurance Company/Policy Number: _____

In Case of Emergency Please Contact: _____

Emergency Contact Number/s: (____)____-____ or (____)____-____

If I Cannot Be Contacted In A Medical Emergency, I (we) hereby grant permission to the physician and/or emergency workers selected by the camp director or camp nurse to hospitalize, secure treatment for, and order medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for charges not covered by insurance. I also authorize the release of all information necessary to settle any claims and authorize permission for pertinent DLBC staff to see medical release. I further understand that by signing this form, I hereby acknowledge the inherent risks involved with outdoor activity and adventure. I do hereby voluntarily participate in the programs offered. I, and the participant signed below, release and discharge DLBC & CC, and all individuals associated therewith, from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained while traveling to and from DLBC & CC property, or while they are on/or off site for activities. I acknowledge that I have carefully read this agreement and fully understand its contents. I understand this is a release of liability. I agree to notify the camp of any changes prior to the start of camp.
I give permission for above camper to be included in camp media-type promotional purposes i.e. DVD's, photos.

Parent/Guardian Signature: _____ **Date** ___/___/___

Fill out this side and reverse (ONE) for EACH youth.