

# Camp of the Risen Son: Medical Release Form

Camper Name *(please print)* \_\_\_\_\_

Emergency contact \_\_\_\_\_  
(Name) (Phone) (Relationship)

Secondary contact \_\_\_\_\_  
(Name) (Phone) (Relationship)

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## Physician & Insurance Information

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy holder \_\_\_\_\_

Group ID # \_\_\_\_\_ Policy # \_\_\_\_\_

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## Medications *(Continue on back if needed.)*

All medications (including over the counters and vitamins) will be turned into the camp medic during registration. Everything **MUST** be in its **ORIGINAL container** to be distributed.

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Condition \_\_\_\_\_

Instruction \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Condition \_\_\_\_\_

Instruction \_\_\_\_\_

**Medication Permission**—I give permission for the following to be administered to my child:

Acetaminophen Y N Ibuprofen Y N Aspirin Y N Benadryl Y N

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## Health History and Allergies *(continue on back if needed)*

Special dietary needs/food allergies? \_\_\_\_\_

Other allergies or reactions? \_\_\_\_\_

Medical conditions or restrictions the camp staff should be aware of? \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

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## Emergency and Liability Release

The camper named above has permission to engage in all camp activities except as noted. I recognize the inherent risk of injury in camp activities. I understand that Camp of the Risen Son has taken safety measures, including having staff trained in CPR, first aid, and water safety. I also recognize that Camp Risen Son cannot ensure or guarantee that there will be no accidents or injuries. I waive any liability claim against Camp Risen Son and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with any activities associated with Camp Risen Son. I hereby grant permission for my child to receive first aid and emergency treatment by the camp medic or hospital emergency room in case I cannot be reached immediately.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_