



Camp Medical Information & Release Form

Name _____ Gender _____ Age _____ Birthdate ____/____/____
Church/Org _____ City _____ State _____

In case of emergency, notify:

Name _____ Phone _____ Phone 2 _____
Address _____ Relationship _____

Family Physician:

Name _____ Phone _____
Address _____ City, State, Zip _____

Insurance Information

Provider: _____ Policy No. _____
Address _____ City, State, Zip _____

Policy Holder _____ Type of plan: group individual

Allergies/Other Info

Penicillin Insect Bites Hay Fever

Poison Ivy Other: _____

Date of last Tetanus shot: _____

Is the participant on any prescribed drugs/medication: yes no

If yes, please explain: _____

What medications will be brought to camp/retreat? _____

NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of participant (over 18) OR
Signature of parent or guardian (if participant is under 18)

Date



The Orchard Church
7288 Hwy 515 N
Ellijay, GA 30540
706-621-5160
www.orchardellijay.com

MEDICAL/LIABILITY RELEASE AND PERMISSION FORM

Name _____
Address _____
City _____ State _____ Zip _____
Phone (home) _____ (work) _____ (cell) _____
Person to Notify in Emergency _____

MEDICAL

In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. I understand that The Orchard Church shall not be liable for accidents or injuries to an individual on or off the church premises.

Initial _____

Name of Doctor _____
Doctor's Phone Number _____
Medical Insurance Information _____

Allergies/Special Instructions _____

LIABILITY

I (we) the undersigned do hereby release The Orchard Church and anyone associated with The Orchard Church from all liability for our child who will be attending. This includes all employees, counselors and other youth of The Orchard Church and all employees, counselors and officers of the camp and providers of any and all activities my child will be participating in.

Initial _____

Parent/Guardian Signature _____ Date _____