

Camp Niangua 2011 Medical Consent Form

Ages 7 – 17 must complete this form
with parent/guardian signature.

Camper's Name: _____ Age: _____ Sex: M/F _____

Church Name: _____ Pastor: _____

1. Date of last tetanus injection, if any: _____
2. What is the camper allergic to, if anything? _____
3. Please indicate if camper has diabetes, epilepsy, etc. Send medication and instructions necessary – a nurse will be on duty at all times _____

Guardian/Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Guardian/Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If unable to contact me, please call: Name: _____

Phone: _____

Relationship: _____

Please Check the Appropriate:

_____ My Child is not covered by any medical insurance. I assume full responsibility for any and all medical services that my child may require.

_____ My Child is covered by the following Insurance.

_____ Insurance Company

_____ Policy Number

_____ Group Number

_____ Insurance Phone Number

I certify that the information I have given is correct and true. I hereby give my permission for Camp staff to seek medical treatment by a doctor or hospital in case of an emergency or serious illness. I agree with the assumption of responsibility for my child.

_____ Date: _____
Parent/Guardian Signature