SUMMER ENRICHMENT MEDICAL RELEASE FORM

Child's Name _____

Does your child have a health concern/need?   ☐ Yes ☐ No

Please explain _____

Does your child take any medication?   ☐ Yes   ☐ No

Will your child take medication daily during Summer Enrichment   ☐ Yes ☐ No

Type of medication _____ Time medication is taken _____

Allergic Reactions: ☐ Bee Stings ☐ Penicillin ☐ Other _____

Date of last tetanus booster _____

Medical Conditions _____

Child's Name _____

Does your child have a health concern/need?   ☐ Yes ☐ No

Please explain _____

Does your child take any medication?   ☐ Yes   ☐ No

Will your child take medication daily during Summer Enrichment   ☐ Yes ☐ No

Type of medication _____ Time medication is taken _____

Allergic Reactions: ☐ Bee Stings ☐ Penicillin ☐ Other _____

Date of last tetanus booster _____

Medical Conditions _____

Child's Name _____

Does your child have a health concern/need?   ☐ Yes ☐ No

Please explain _____

Does your child take any medication?   ☐ Yes   ☐ No

Will your child take medication daily during Summer Enrichment   ☐ Yes ☐ No

Type of medication _____ Time medication is taken _____

Allergic Reactions: ☐ Bee Stings ☐ Penicillin ☐ Other _____

Date of last tetanus booster _____

Medical Conditions _____

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child's health and safety. I give Tri-City Baptist Church permission for my child to take part in all camp activities, including sport activities and bus trips away from the premises.

I understand and agree that any video or photos taken of my child may be used in the publications (i.e. print, video, or internet) of Tri-City Baptist Church Ministries.

Please Print Name of Parent/Guardian _____

Signature of Parent/Guardian_____ Date _____