

SUMMER ENRICHMENT MEDICAL RELEASE

CHILD'S NAME _____

Does your child have a health concern/need? YES NO

If YES, 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

If YES, 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 _____