

**Ark Baptist Church "Shine" Character Camp  
Emergency Medical Consent**

**Child Information:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact Person:**

Parent/Guardian \_\_\_\_\_  
Address (if different from student) \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Alternate Contact Person:**

Name \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Health History:**

Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Pre-existing medical conditions \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

*If you have insurance, your carrier will be billed for medical charges in the case of illness or injury.*

Do you have health insurance? Yes \_\_\_\_ No \_\_\_\_  
Name of insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
In whose name is the insurance? \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Medical and Liability Release Statement:**

I understand that if medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. If I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

I understand that the Ark Baptist Church "Shine" Character Camp will take all reasonable safety precautions and I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I agree not to hold Ark Baptist Church or its "Shine" Character Camp leaders/volunteers liable for damages, losses, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_