Medical Consent Form

Each person under the age of 18, who is attending the Church Camp-Out organized by the First Missionary Baptist Church of Coquille, shall have a parent/guardian complete, sign and date this form. Then, the completed and signed form shall be given to an appointed supervisor of the herein referenced "Home Church".

Home Church: _____

Camp Attendee:

_____

First Name *Middle Initial* *Last Name* *Date of Birth*

Address: _____

_____

Parent/Guardian Name: _____

Address of Parent/Guardian, if different: _____

_____

Emergency Contact Information: Name: _____
Relationship: _____ Phone No. _____

Alternate Emergency Contact Information: Name: _____
Relationship: _____ Phone No. _____

Personal Insurance Information:

Carrier/Plan Name: _____
Name of Insured: _____
Group No. _____ Insurance ID No. _____
Physician Name, Address and Phone Number(s): _____
_____
_____

Special medical problems/conditions or restrictions OR allergies:

_____
_____
_____
_____

I hereby grant permission to the medical personnel, selected by an appointed supervisor from the "Home Church" noted above, to seek any and all medical treatment to be administered to my child, in the event of an emergency or non-emergency situation requiring medical attention. This permission includes, but is not limited to, the administration of first aid and use of an ambulance. I also assume the responsibility for the payment of any such transport and treatment, and agree to the release of any records necessary for insurance purposes. I will be responsible for any damages caused by my child. I have read and hereby endorse this form and the camp rules and restrictions.

Furthermore, I understand that the First Missionary Baptist Church of Coquille is acting only in the capacity as an organizer for this event and is hereby released from any liability for any medical situation involving my child.

_____ Date: _____
Signature of Camper or Parent/Guardian