

Refuel Camp 2020 Release Form

Please Print Clearly

_____/_____/_____
Name Date of Birth

Address Apt.# Phone#

City State Zip

Parent/Guardian: _____

Family Physician: _____ Phone: _____

Date of Last Tetanus Shot: _____

List Allergies: _____

Medications Now Being Taken: _____

List any medical problems, such as diabetes, recent surgery, chronic conditions, recent injuries, ect.: _____

Medical Insurance Company: _____

Phone: _____ Policy Number: _____

I authorize medical and surgical treatment, as needed, for my child by a physician chosen by the youth Pastor/Sponsor of this church, in the event of a medical emergency.

Parent's Signature Date

Parent's Home Phone: _____ Work Phone: _____

Other person To Notify in case of Emergency: _____

Relation: _____ Phone: _____

Payment/Deposit \$ _____ Cash/Check (No. _____)

For Office Use Only

Other payment \$ _____ (Cash/Check # _____)

\$ _____ (Cash/Check # _____)