

BRING THIS FORM TO CAMP. PLEASE DO NOT MAIL IT IN. THANKS!

CABIN #: _____

TRUETT BAPTIST CAMP

Camper Medical Form for

Camper's Full Name

Date of Birth: _____ **Age:** _____ **Will be in** _____ **Grade** _____ **Gender:** _____

Parent/Guardian Name: _____

Mailing Address: PLEASE PRINT CLEARLY _____

Phone numbers

Mom Home: _____ Mom Work: _____ Mom Cell: _____

Dad Home: _____ Dad Work: _____ Dad Cell: _____

Emergency Contact: (other than parent/guardian): _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Health Insurance Camper Social Security Number: _____ - _____ - _____

Insurance Company Name: _____

Carrier Name: _____

Group Number: _____ Subscriber Number: _____

Current Medications/Dosage/Times Given: _____

Please list any allergies: _____

Are the camper's immunizations current? _____ Date of last tetanus shot ____/____

Church camper attends/is a member of: _____

Is camper a Christian? ___ Yes ___ No

I authorize the camp staff to take medical action as necessary with this camper (i.e. Tylenol, Benadryl Cream, etc.) under the knowledge that should an actual emergency occur where the camper needs further medical attention, I will be notified immediately.

Parent/Guardian/Adult Signature: _____

_____ I am aware that my child will be leaving campus for the mid-week concert.
(High School Music Week Only)

_____ Pictures/Videos of my child may be used on the Truett Camp Website and other camp promotions (Both Weeks)