

MASTER'S CAMP

* Youth Registration/Medical Information *

I promise to obey the rules and regulations of Alto Frio Baptist Encampment and will cooperate with the leaders and fellow campers.

Name _____ Sex _____ Grade Completed _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Are you a Christian? _____ Church Membership _____

What church are you coming to camp with? _____

Circle T-Shirt size **XXL** **XL** **Lrg** **Med** **Sm**

Camper's Signature _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____ Business Phone Number (____) _____

Family Physician's Name _____ Phone number _____

Name of primary insurance policy _____ Policy number _____

Date of last Tetanus shot _____ Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____ Date of Measles/Mumps/Rubella Vaccine _____

Has camper had:

Appendix removed? ___

Chickenpox? ___

Fainting spells? ___

Asthma? I: ___

Heart trouble? ___

Convulsions? ___

Diabetes? ___

Allergies to food or medicine? _____

Specify _____

Allergies to bites or stings? _____

Specify _____

Any other allergies? _

Specify _____

Medication Authorization

Is Camper taking any medication that must be given at camp? _____

If Yes please complete the following

Please Administer to _____

The Following medications _____

Dosage: _____

Time: _____

Date of Camp _____

Signature _____

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twenty-four (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

Parent's Signature _____

Other person to notify in case of emergency: Name _____

Phone _____