



Mini Camp 2009 Medical Release

Fill out this form completely. Please print all information.

Personal Information

Full Name	_____		
	(Last)	(Middle)	(First)
Grade Completed	1 st or 2 nd	Age: _____	Sex: M or F Birthdate: _____
T-shirt Size	YS YM YL AS AM AL		
Dad's Name	_____	Dad's Cell Phone #:	_____
Mom's Name	_____	Mom's Cell Phone #:	_____
Home address	_____		
City, State and Zip	_____		
Home Phone Number	_____		
Emergency Contact	Name: _____	Phone: _____	<i>(This should be someone other than child's parents.)</i>
Swimming Ability	Non-swimmer Fair Swimmer Good Swimmer		
Two friends I know going to camp:	1. _____	2. _____	<i>(This will help Miss Robbie with small groups.)</i>

Medical Information

Doctor's Name	_____	Phone: _____
Insurance Company	_____	
Policy Number	_____	Policy Holder's Name: _____
Food Allergies	Yes No	If yes, please list: _____
Other Allergies	Yes No	If yes, please list: _____
Current Medications	_____	

Medical History

ALLERGIES AND DISEASES

Check those applicable giving approximate dates.

Ear Infections	_____	Hay Fever	_____	Chicken Pox	_____
Rheumatic Fever	_____	Poison Ivy	_____	Measles	_____
Convulsions	_____	German Measles	_____	Diabetes	_____
Mumps	_____	Asthma	_____	Last Antibiotic	_____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic Immunizations and the most recent booster doses.

DPT Series:	_____	Booster:	_____	Tetanus:	_____
Polio POV:	_____	Booster:	_____	Typhoid:	_____
Measles:	_____	TB:	_____	Rubella:	_____
Mumps:	_____	Small Pox:	_____	Other:	_____

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Personal Information	
Notary Information	(Notarize here)
Date	
Printed Name of Participant	
Printed Name of Guardian	
Signature of Guardian	
SWORN TO and SUBSCRIBED before me on this _____ day of _____, 20____	
Notary Public Signature _____	
Payment Information	
Payment Type	Online Check#: _____ Cash: _____
Payment Date	Payment #1: _____ Payment #2: _____ Payment #3: _____
Payment Missing:	
Date Paid in Full:	

The Heights Release Agreement

_____, willingly and knowledgeably plan to take part in various sponsored activities, trips, outings and camps of The Heights Baptist Church, Richardson, TX. I am physically able, have permission to participate and accept the risks involved in all aspects of my participation including transportation associated with such events. I understand that in the event I require medical or dental treatment while engaged in the various sponsored activities, trips, outings and camps, reasonable efforts will be made to contact the person(s) I listed above; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for me. I release The Heights Baptist Church, its representatives and sponsors from liability for accident or injuries during activities, trips, outings and camps connected to The Heights Baptist Church. I further understand and agree that, in the event that I am involved in any inappropriate or dangerous activities, I will pay all my expenses and leave the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood, and agree to all the information contained on the Medical Release form. For good consideration the undersigned individual hereby agrees to provide his or her assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection there with. I have read this release and am fully familiar with its contents and I understand that this agreement is a release of all claims including the negligence of the church and all representatives.

Printed Name of Participant

Signature of Guardian

Date

This Release Form is valid from January 1st, 2009 - December 31st, 2009
(It is understood that all information is current until notification in writing.)