

# Living Waters Tabernacle Summer Camp

## MEDICAL & RELEASE FORM FOR MINORS

I, \_\_\_\_\_, certify that I am the parent or the legal guardian of the minor child listed below, and as such, I hereby convey temporary authority to Living Waters aka Living Waters Tabernacle ("LWT") staff or volunteers for the sole purpose of obtaining or arranging any emergency medical or dental care for the minor child. If transfer to a hospital is necessary, I authorize LWT staff or volunteers to transport, or arrange transport, to the nearest hospital. I waive my right to receive informed consent prior to such transportation or treatment. When action is taken I understand that LWT will make a conscientious effort to locate the emergency contact listed below. If it is not possible to locate the emergency contact, I will accept the expense of emergency medical or surgical treatment.

### MINOR CHILD AND EMERGENCY CONTACT INFORMATION

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work or Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### MEDICAL INFORMATION

Food or Plant Allergies: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

### DOCTOR INFORMATION & HEALTH INSURANCE

Name of Physician: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_  
Phone Number of Clinic: \_\_\_\_\_ Address of Clinic: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Group Policy Number: \_\_\_\_\_  
Individual Policy Number: \_\_\_\_\_

### ADDITIONAL MEDICAL INFORMATION

To provide the best possible care for you and your family in the event of a minor accident, or a life threatening medical emergency, is there anything else you would like us to know?

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I certify that the above information is correct and complete as far as I know. I agree to notify LWT if of the above information changes before arriving at camp.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_