

Lake Springfield Baptist Camp

ALL camp participants must fill out this form -- **ONE FORM PER PERSON**
 Medical Information, Waiver of Liability, Indemnification and Medical Release Form

THIS COMPLETED FORM MUST BE BROUGHT TO CAMP WITH YOUR CAMPER

PARTICIPANT MEDICAL INFORMATION			
Name:			
Address:			
City:		State:	
Zip:			
PHONE:	Home:	Work:	Cell:
Email Address:			
Medical History			
	NO	YES	Explain any YES:
Swimmer's ear			
Severe sunburn			
Convulsion/Seizure			
Fainting spells			
Asthma Hay fever			
Impetigo/Boils			
Athlete's foot			
ALERGIES:			
Medications			
Plants (e.g. poison ivy)			
Insects			
Food (e.g. peanuts)			
Other			
List any medications recently taken or to be dispensed at camp with instructions:			
Tetanus immunization?	NO	YES	Date:
Are there significant injuries, illnesses, hospitalizations, surgeries, or behavioral issues we should be aware of?			
PARENT OR LEGAL GUARDIAN			
Name:			
Address:			
City:		State:	
Zip:			
Phone:	Home:	Work:	Cell:
Email:			
SECOND PERSON TO CONTACT IN CASE OF EMERGENCY			
Name:			
Address:			
City:		State:	
Zip:			
Phone:	Home:	Work:	Cell:
Email:			

