

**C
A
M
P**

Christian Arts & Music Program MEDICAL RELEASE/HEALTH INFORMATION

Please complete one Medical Release/Health Information Form for each camper
This form must accompany every application - applications will not be considered complete without

Name of Camper: _____

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Emergency Contact: _____ Phone: _____ - _____

Family Physician: _____ Phone: _____ - _____

Health Insurance Information

Please print clearly

Name of Insured: _____ Relationship: _____

Employer: _____ Address: _____

Primary Insurance Company: _____

I.D. Number: _____ Group Number: _____

Secondary Insurance Company: _____

I.D. Number: _____ Group Number: _____

I hereby give my permission to the Community Christian Choir to seek emergency medical assistance for my child

_____ in the event of a medical emergency.

(Full name of child)

I also grant my permission to the hospital/doctors to treat the child named above in the event of a medical emergency for which I cannot be contacted.

Effective Date of Permission: ___/___/___ to ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Allergies/Medications

Please list all allergies: _____

Please list all medications: _____
