

Medical Release Form 2020

St.Louis Camp Meeting

Student Name:_____ Birthdate:_____ Grade:_____

Parent/Guardian Name:_____ Number:_____

Campsite #:_____ Relation to Student: _____

Emergency Contact 1:_____ Number:_____

Relation to Student:_____

Emergency Contact 2:_____ Number:_____

Relation to Student:_____

We need the below information in case of an emergency.

Insurance Company:_____

Policy Number:_____ Group Number:_____

Insured Name:_____ Insured Birthdate: _____

Allergies/Special Needs:_____

Medications: _____ Side Effects:_____

Medications: _____ Side Effects:_____

Medications: _____ Side Effects:_____

Any other information we should be aware of: _____

In case of an emergency, I give permission for St.Louis Camp to secure proper medical treatment for my student(s) while participating in any camp activities. We will make all efforts to contact the parents/guardians prior to treatment.

Parent/Guardian Signature:_____ Date:_____