

**ARKANSAS INTERFAITH CHOIR CAMP
2024 MEDICAL RELEASE FORM**

One form per camper. This form must be completed for admission to camp.

The undersigned, being the parent, or legal guardian, of (camper) _____ whose date of birth is _____, authorizes any necessary medical treatment of this camper during the time in which he/she is participating in AI Choir Camp from July 21- 27, 2024. I guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, x-ray, lab, medication, ambulance, etc.). All medical information will be considered confidential and will be used in confidence and only as needed by physicians, nurses, and their delegates. All information will be destroyed after the completion of Choir Camp.

PRINT THE NAME OF THE PERSON SIGNING

(print) _____ (Parent/legal guardian)

Signature _____ Date _____

Relationship to camper _____ Email _____

Home phone _____ Daytime phone _____

Emergency contact person (other than above) _____ Phone _____

Health Insurance _____ Phone _____

ID# _____ Group# _____

Please bring photocopies to camp:

1. Insurance card (front and back)
2. Most recent immunization record
3. Most recent physical exam

Please check any that apply, and provide details on the back*:

Food or Drug Allergies* [] Special Diet* [] Other Conditions* []

Takes Medication* [] Has Any Limitations* []

Campers must leave any over-the-counter and prescription medications with the camp nurse during camp registration. The camp nurse or designates will store and administer all over-the-counter and prescription medication during camp.

Family physician (print) _____ Daytime Phone _____

Camper: Age when camp starts ____ Birth Sex ____ Height ____ Weight ____ Last tetanus shot _____
MM / YY

My camper is fit for FULL [] or LIMITED [] camp life.

Parent SIGNATURE _____ DATE _____