

Believer's Youth Camp

...Pointing Young People to the Cross...

This is to give _____ (Name of adult at camp) or Douglas Severt consent to sign for
EMERGENCY MEDICAL and/or SURGICAL TREATMENT for _____ (Name of child).

2017 Medical Form		
Name of Medication:	Allergies:	Routine:
Date of last tetanus: ___/___/___		

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Guardian's name: _____ Phone: _____

Cell: _____

Guardian's Insurance Company: _____

Policy Number: _____

Please list any food allergies or sensitivities here (i.e; gluten, dairy, soy): _____

Signature: _____ Date: ___/___/___

Sworn to before me and subscribed in my presence this _____ day of _____ 2017

Notary Public