

**MEDICAL RELEASE FORM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ (if a minor)  
Parent/Guardian Name(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

Medications taken regularly \_\_\_\_\_  
Reasons for taking medications \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_  
Allergic reaction: Bee Sting \_\_\_\_\_ Penicillin \_\_\_\_\_ Other \_\_\_\_\_  
Type of Reaction \_\_\_\_\_  
Treatment Given \_\_\_\_\_  
Specific Activities to be restricted \_\_\_\_\_  
Reason for restriction \_\_\_\_\_

**Each camper must be immunized against the following according to the H.E.W. standards: Polio, Mumps, Measles, Rubella, Diphtheria, Tetanus, and Whooping Cough.**

**Please be sure to fill this out completely and sign below for medical release.**

I hereby grant permission for \_\_\_\_\_ (name of participant) to attend Merriwood Christian Camp on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. In my capacity as self, spouse, parent or legal guardian, I am aware that there are certain normal and reasonable risks associated with participation in camp activities. I hereby waive any right that I, my spouse, or said minor child may have to sue Salem Baptist Church and/or Merriwood Christian Camp or any of their employees, as a result of any and all injuries, damages, and/or losses sustained at Merriwood Christian Camp. I further agree to hold Salem Baptist church and/or Merriwod Christian Camp and any of their employees blameless and I agree to bear the cost of their legal defense if any suit of legal or equitable action is brought against any of them as a result of any and all injuries, damages, or losses suffered by me, my spouse, or my child while at Merriwood Christian Camp. Finally, I hereby appoint the camp administrator, Terry Covington, or emergency personnel on duty to act in place of myself or my spouse to hospitalize and/or secure proper treatment and/or order injection or anesthesia or surgery for me, my spouse, or my child if I, my spouse, or my child is unable to act on our own behalf or if I or my spouse are unable to be notified of above medical treatment beforehand.

(Parent or Guardian must sign for Minors)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_