

# Medical Release Form

Acadian Baptist Center

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**Instructions:** Please fill out all the following information, you may print it out or type it in to the Microsoft Word document. To type into the document, save the file to your computer desktop, open the file, type into it, save it, and print it out. Bring the completed form to camp.

Church Name: \_\_\_\_\_  
Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
Camp Attending: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_  
Secondary Emergency Name: \_\_\_\_\_ Secondary's Phone: \_\_\_\_\_

Address of Camper's Parents/Guardians: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I promise to obey the rules and regulations of Acadian Baptist Center & I will cooperate with leaders and fellow campers. If I do not follow the rules and regulations as specified by camp leaders, I understand that I may be returned home without refund.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Medical Information

Date of Camper's Last Tetanus Shot: \_\_\_\_\_

Check if camper has had:

\_\_\_\_\_ ear infection \_\_\_\_\_ dietary restriction \_\_\_\_\_ heart trouble \_\_\_\_\_ operation or serious health problems

Check if camper is allergic to:

\_\_\_\_\_ bee or wasp stings \_\_\_\_\_ penicillin \_\_\_\_\_ foods \_\_\_\_\_ other drugs

If camper is allergic to other drugs - or anything other than what is listed above, please specify.

List medications camper is currently taking, including vitamins. (Prescription medications MUST have pharmacy label & name of doctor.)

This history is correct as far as I know. Camper has permission to participate in all camp activities except (list prohibited activities):

In consideration for agreeing to accept the above named person as a camper, I hereby give my authority and consent to medical and surgical treatment deemed necessary in the judgment of the physician chosen for my child by the encampment administration or his representative.

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## Insurance Information

Please provide information concerning any insurance benefits for which your camper is eligible:

Insurance Carrier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**TWO COPIES OF THIS FORM MUST BE COMPLETED - ONE PRESENTED UPON REGISTRATION AT CAMP AND ONE FOR CAMPER'S COUNSELOR. NO CAMPER WILL BE ALLOWED TO STAY AT CAMP WITHOUT A MEDICAL RELEASE FORM.**

Acadian Baptist Center carries secondary insurance coverage on all campers