



Medical Release Form

Teens For Christ Function: TFC Camp, Pillager, MN– June 17th-22nd, 2019

Participant's name (please print) _____ Male Female
(please circle one)

Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home # _____ Home # _____

Cell # _____ Cell # _____

If parents or legal guardian can not be reached in an emergency, please contact:

Name _____ Phone _____

Name _____ Phone _____

In case of sickness or accident please complete the following as a precaution:

Your Hospital Insurance Company _____

Policy # _____ Group # _____

Does the participant have any allergies to medicines, food, or bee stings, etc?

Does the participant have any medical conditions such as diabetes, asthma, heart problems, depression, ADD, ADHD, or any physical exercise limitations? (If yes, please explain)

Name and exact dose of medications that your child is taking. Please state the reason for taking it. (For example: 20 mg. Zoloft taken every morning, for depression).

(Name) _____ has my permission to take the following over the counter medicines for the following reasons:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Tylenol or Ibuprofen for headaches, pain, or fever- | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Benadryl, Calamine, or Caladryl lotions for insect bite/skin irritation- | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Antacids (Tums or Pepto Bismal) for upset stomach- | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Antibiotic cream such as Bacitracin for cuts and scrapes- | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby give my permission to medical personnel with proper credentials to give emergency medical treatment and care to the above named program participant.

Parent/guardian signature: _____ Date _____