

**Bethel Baptist Student Ministry
Medical Release Form/Permission to Treat**

Name: _____ Social Security #: _____

Birthdate: ___/___/___ Age: _____ Sex (M/F): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone:(____) _____ Work Phone:(____) _____

Secondary contact to notify in event of emergency: _____

Their relationship to you: _____ Their phone:(____) _____

Please supply ALL of the following information. Attach a copy of your insurance card.

Medical Insurance Co.: _____ Group# _____ Policy#: _____

Family Physician's Name: _____ Phone:(____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp
(Prescription meds MUST have a pharmacy label and name of doctor):

The Health History is correct so far as I know, and the person herein described
has permission to engage in all prescribed activities except as noted.

