

ADULT Health/Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ District: _____

Male Female Age: _____

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this retreat.

1. Are all immunizations current? _____ Tetanus? _____

2. Allergies (please list):

Medications: _____

Food: _____

Insect bites poison ivy/oak: _____

Other: _____

3. Any recent surgery? _____ If yes, what kind and when? _____

4. Any physical condition which would prevent full participation in all activities? _____

If yes, what? _____

5. Diabetic? _____

6. Asthma? _____

7. Under a doctor's orders to take medication? _____ If yes, please list all prescription medications student needs to bring to camp: _____

8. Is there anything else conference staff needs to know about physical condition? _____

I, the undersigned, hereby agree to indemnify and hold harmless Camp Lake Stephens, its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while I am participating in any activities while camping.

Signature: _____ Date: _____

Emergency Contact: _____

Phone Number for Emergency Contact: _____