

## Medical Information

Name \_\_\_\_\_  
Last First

Participant with: (Church/Organization attending)

---

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Emergency No./Work Phone \_\_\_\_\_/\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Co. & Address \_\_\_\_\_

Policy No. \_\_\_\_\_

Health Problems/Special Needs \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

Polio Vaccine Current Y / N Last Tetanus Shot \_\_\_\_\_

Regular Medication \_\_\_\_\_

Activity Restriction \_\_\_\_\_

**PARENTS: Please read, sign, and date the following:** Our insurance coverage is a secondary carrier. Our campers' insurance begins where yours terminates. It is only valid when your policy has been extended to its limits. In the event that you have no personal or organizational policy, our policy will provide you with complete coverage within its limits subject to policy provisions. Please provide us with the name of your health insurance carrier and your policy number in the event of a hospital visit.

"IN CASE OF A MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above."

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Important: Please notify the camp if child has a communicable disease.  
If applicable, please photocopy insurance card and submit with this sheet.*

## Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure program can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death — all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Inc., their Board of Directors, officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

---

Date

---

Camp Dates

---

Phone Number

Participant with: (Church/Organization attending)

---

---

Home Address

---

Participant's Name (Print)

---

Participant's signature

---

Parent/Guardian signature (in addition to child's signature)

PLEASE FILL OUT COMPLETELY