

Name of Church camper is coming with: _____
Name of Camp: _____ Date of Camp _____

Medical/Photo Release
Clear Inc. PO Box 5117 Shreveport, LA 71135

Camper Name _____
Address _____ Phone # _____
City _____ State _____ Zip _____
Birth Date _____ Social Security # _____ (kept confidential)
Camper Age _____ Last grade completed _____ Boy ___ Girl ___
Parent/Guardian Name(s) _____
Address _____ City/State _____ Zip _____
Home Phone _____ Work Phone _____ Pager/Cell _____
Other person to notify in case of emergency _____ Phone _____

Medical Profile

Generally my health is (check one) ___excellent ___good ___fair ___poor
If fair or poor, please explain your condition: _____
List any medical difficulties for which you are currently being treated: _____
List any previous operations or serious illnesses: _____
List any medications you are currently taking: _____
PHYSICAL OR EMOTIONAL DISORDERS: Epilepsy: ___yes ___no
Attention Deficit Disorder: ___yes ___no Other: _____

NOTE: All medications MUST be in the original prescription bottle with the name of the camper on it and dosage instructions. Otherwise, we are not allowed dispense medication.

List any Special Diet: _____
Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other
Date of Tetanus Immunization: ___/___/___
Family Physician _____ Phone (_____) _____
Insurance Co. _____ Policy # _____
Subscriber name: _____ Subscriber Number: _____
Place of Employment: _____ Work Phone: _____
Subscriber Occupation: _____

Permission for Treatment and Photo/Video Notice

My permission is granted for any adult representative of the Camp Staff or my local church leaders to obtain necessary medical attention in case of sickness or injury to my camper. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Camp Staff from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in camp.

Please complete and sign below (youth under 18 years of age requires parent/guardian signature)

Camper's Signature _____ Date: ___/___/___
Parent/Guardian signature _____ Date: ___/___/___