

HEALTH RECORD / RELEASE FORM

Wonder Valley Christian Camp

7093 W Wonder Valley Rd • Salem, IN 47167 • Ph# 812-883-4964 • Fax# 812-883-7022

Email: wondervalley@juno.com • Web: www.wondervalleycamp.com

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Year of Education Completed \_\_\_\_\_

I attest that the above named applicant is in good physical condition and is able to participate in all camp activities. \_\_\_\_\_

If applicant has had a history of drug allergies, please list \_\_\_\_\_

Please list all medicine presently being taken by applicant \_\_\_\_\_

\_\_\_\_\_ List any non-prescription drug restrictions \_\_\_\_\_

Date of last tetanus booster? \_\_\_\_\_ Is applicant allergic to bee stings? \_\_\_\_\_ Other allergies? \_\_\_\_\_

Is this applicant free of communicable diseases? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain: \_\_\_\_\_

Has applicant had serious injury or surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

Applicant's Physician \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

I do hereby authorize Wonder Valley Christian Camp in the city of Salem, county of Washington, state of Indiana to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named applicant under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is made with my approval. I agree to the above statements and will in no way hold the Wonder Valley Christian Assembly, Inc., it's staff, or volunteers responsible for any accident that might befall the applicant.

X \_\_\_\_\_ Date \_\_\_\_\_

**Must be completed below if applicant is a minor.**

Father's Name \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Father's Address (If Different From Applicant's) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone # \_\_\_\_\_

Mother's Address (If Different From Applicant's) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Email \_\_\_\_\_

\_\_\_\_\_ Mother's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact In Case

Parent Cannot Be Reached: \_\_\_\_\_ Ph# \_\_\_\_\_ Relationship To Applicant \_\_\_\_\_

Printed Name of Parent or Legal Guardian

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian