

2019 Youth Music Week Medical Form

Camper Name _____

Camper Age _____ Date of Birth _____ Home Church _____

Parent or Guardian Name _____

Address _____

Phone number _____ Email _____

Emergency Contact Name _____ Number _____

Health Insurance Carrier _____ Policy number _____

Current medications _____

Are medications to be administered at Truett? Yes ___ No ___

Medication _____ Dosage _____ AM ___ PM ___

Medication _____ Dosage _____ AM ___ PM ___

Medication _____ Dosage _____ AM ___ PM ___

Medication _____ Dosage _____ AM ___ PM ___

Medication _____ Dosage _____ AM ___ PM ___

Doctor _____ Are camper immunizations current? Yes ___ No ___

Allergies Yes ___ No ___ Please list: _____

Food allergies _____

Any Restrictions _____

Date of last tetanus _____

Please circle the following: Permission to ride zip-line? Yes No

Permission to be photographed? Yes No

(YMW Mid-Week Concert) Permission to be transported off property: Yes No

Please bring this form to camp. DO NOT MAIL.

I authorize TBC staff to take medical action as necessary (Tylenol, Benadryl, etc). Parents will be notified ASAP should an actual emergency occur where the camper needs medical attention.

Parent Signature _____ **Date** _____