

***Parental Medical Release Form***  
***For Campers and Staff at Glad Tidings Bible Camp***  
***For January 1 - December 31, 2010***

***(Must sign & date – also include a copy of the insurance card for camper)***

I, \_\_\_\_\_ authorize Camp Glad Tidings staff, Sacred Heart Hospital, or Emergency Medical personnel to: (1) administer medication and first aid and/or (2) make emergency medical decisions in my absence when necessary for my son / daughter here named: (name) \_\_\_\_\_ .

Important medical info (Allergies, Asthma, Diabetes, etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date of last tetanus shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

I understand that Glad Tidings Bible Camp provides secondary insurance only. I realize my insurance will be billed for any medical treatment as the primary coverage for my child.

Camper's Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Party Responsible for Insurance Billing Purposes: \_\_\_\_\_ Phone \_\_\_\_\_  
(Signature)

In case of emergency, I may be reached at:

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (if different than Camper's): \_\_\_\_\_

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

My Relationship to Camper \_\_\_\_\_

Camper's Address: \_\_\_\_\_

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

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_