

# Special Activities Medical Release Form

(Use for Retreats, Wilderness Camp and other Activities Not covered  
by the Registration and Medical Release Form)

(Please use the Registration and Medical Release Form for regular camps.)

## For Campers and Staff at Glad Tidings Bible Camp

For January 1 - December 31, 2011

**(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 \_\_\_\_\_

Email Address: \_\_\_\_\_

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