



Iowa Regular Baptist Camp Retreat Medical Form

Camper Name: _____ M ___ F ___ Birth Date: ___ / ___ / ___

Retreat Attending (circle one): January 16-17, 2009 February 13-15, 2009 February 20-22, 2009

Church Name and Town: _____

Father's Full Name: _____ Mother's Full Name: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ ST: ___ Zip: _____

Family Doctor: _____ Doctor's Phone: _____

Insurance: _____ Policy #: _____

Medications Taken Regularly: _____

Allergic Reactions: _____ Infectious conditions: _____

Other Medical Concerns: _____

Does IRBC Have Permission to Give: Aspirin - Y / N Tylenol - Y / N

In case of medical emergency, I give consent for emergency treatment by authorized personnel for my child named above. The camp carries secondary insurance, which means all claims must be submitted to the parents' insurance first. I understand that sickness is not covered by insurance. I hereby give permission for my child to attend this retreat.

Signature of Parent or Guardian: _____ Date: ___ / ___ / ___

In Case of Emergency Contact: _____ Phone: _____