

Global Youth Ministry
Global Youth Camps
40 Blackhawk Trail
Chatsworth, GA 30705
877-251-1800
www.globalyouthministry.org



Camp Medical Information & Release Form

Name _____ Gender _____ Age _____ Birthdate ____/____/____
Church/Org _____ City _____ State _____

In case of emergency, notify:

Name _____ Phone _____ Phone 2 _____
Address _____ Relationship _____

Family Physician:

Name _____ Phone _____
Address _____ City, State, Zip _____

Insurance Information

Provider: _____ Policy No. _____
Address _____ City, State, Zip _____

Policy Holder _____ Type of plan: group individual

Allergies/Other Info

Penicillin Insect Bites Hay Fever

Poison Ivy Other: _____

Date of last Tetanus shot: _____

Is the participant on any prescribed drugs/medication: yes no

If yes, please explain: _____

What medications will be brought to camp/retreat? _____

NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of participant (over 18) OR
Signature of parent or guardian (if participant is under 18)

Date