



## Mission Team Registration/Health Summary

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian name, if applicable \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance information:

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Group ID #: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History:

Are all immunizations up to date? (Yes or No) \_\_\_\_\_

Allergies or Reactions (Food or Environmental):

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Description of Current Health Conditions requiring medication and/or treatment:

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Describe any medicines (specify name/use), diet, or activity the Camp Nurse or Directors should be aware of:

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I may be given Tylenol, Advil, Cough Syrup, Anti Diarrhea Medication, tums, Benadryl, or their generic equivalent unless otherwise noted below. (Yes or No) \_\_\_\_\_

**PLEASE NOTE:** Any medications must be in the original prescription bottles with detailed instructions from your doctor. Your family insurance would apply first for any injuries or medical needs.

**Authorization (This box must be completed for Camp attendance)**

*I hereby certify that this Health History is correct to the best of my knowledge.  
I understand the possible risk and dangers involved in sports and other traditional camp activities and do give my permission for the above-named individual to engage in all camp activities, except noted by myself or my family physician. I/We do hereby release LaVerne Griffin Camp, its employees, agents, and camp staff from all claims, demands, actions, or causes of action for any sort of injuries sustained during the period covered by this release whether such injury occurs on or off camp property.  
I will obey the rules of LaVerne Griffin Camp.  
I hereby give permission for medical treatment to be initiated as required for my welfare.  
I hereby give LaVerne Griffin Camp permission to use photo images of the above listed individual for the purpose of promoting the camp's programs in publications and on the internet. I agree that the images become the exclusive property of LaVerne Griffin Camp and waive the rights thereto. For any individual under the age of 18, his or her name will not be used on the internet.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature for anyone under 18 years of age:**

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**Church:** \_\_\_\_\_ **Team Leader:** \_\_\_\_\_