

MEDICAL AND FIELD TRIP INFORMATION

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Does your child have a health concern/need?  Yes  No  
Please explain \_\_\_\_\_  
Does your child take any medication?  Yes  No  
Will your child take medication daily during Summer Enrichment?  Yes  No  
Type of medication \_\_\_\_\_ Time medication is taken \_\_\_\_\_  
Allergic Reactions: Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other \_\_\_\_\_  
Date of last tetanus booster \_\_\_\_\_  
Medical Conditions \_\_\_\_\_

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(Last) (First) (Middle)

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Date of last tetanus booster \_\_\_\_\_  
Medical Conditions \_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child's health and safety. I give Tri-City Baptist Church permission for my child to take part in all camp activities, including sport activities and bus trips away from the premises.

Please Print name of Parent/Guardian \_\_\_\_\_

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