Church Name		

## **BLUEGRASS PENTECOSTAL YOUTH CAMP**

**Guardian's Signature** 

Medical Release Form (Please duplicate this forms as needed.)

Parents/Guardians of each youth under the age of 18, must complete this form for submission with their church group's registration packet for Pentecostal Bluegrass Youth Camp. Information is to be kept confidential.

Name of Pastor  Name and Relationship  Phone #  ist any allergies (in box below), and describe:  ist any medical/health conditions (in box below) and describe (include any medications your child)	kept comacitian.		
Name of Legal Guardian  Name of Legal Guardian  Suardian's Phone #  Sist two alternate contacts (one must be pastor), with whom we may share information in case of a mergency:  Name of Pastor  Name and Relationship  Phone #  Sist any allergies (in box below), and describe:  Sist any medical/health conditions (in box below) and describe (include any medications your child takes):  Sist any medical/health conditions (in box below) and describe (include any medications your child takes):  Sist any medical/health conditions (in box below) and describe (include any medications your child takes):  Sist any medical/health conditions (in box below) and describe (include any medications your child takes):	Full Legal Name of Youth	Date of Birth	
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