

Church Name

**BLUEGRASS PENTECOSTAL YOUTH CAMP**

**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.

Full Legal Name of Youth	Date of Birth
Name of Health Insurance Company	Policy #
Name of Primary Physician	Primary Physician Phone #

Name of Legal Guardian	Guardian's Phone #
Name of Legal Guardian	Guardian's Phone #

List two alternate contacts (*one must be pastor*), with whom we may share information in case of an emergency:

Name of Pastor	Pastor's Phone #
Name and Relationship	Phone #

List any allergies (*in box below*), and describe:


List any medical/health conditions (*in box below*) and describe (*include any medications your child takes*):


If more room is needed, please place on back of this form.

I hereby authorize the staff and/or administration of Bluegrass Pentecostal Youth Camp to transport and/or obtain medical care for my child, if unable to contact guardians. This application may also be shared with emergency medical care providers.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date