



GUEST/CAMPER ACTIVITY, PERMISSION, and MEDICAL RELEASE

THIS DOCUMENT IS VALID UNTIL CANCELED OR CORRECTED IN WRITING.

- PLEASE PRINT -

NAME: _____ BIRTH DATE: ____/____/____ PRESENT AGE: _____

ADDRESS (include city, state, zip): _____ ☐ MALE ☐ FEMALE

GRADE IN FALL: _____

E-MAIL ADDRESS: _____ PHONE: (____) _____

CHURCH / GROUP: _____

PARENT OR GUARDIAN NAME: _____ PHONE: (____) _____

RELATION TO CAMPER/STUDENT: _____

E-MAIL ADDRESS: _____

SECONDARY CONTACT: _____ PHONE: (____) _____

E-MAIL ADDRESS: _____

INITIAL OF PARENT OR GUARDIAN REQUIRED FOR PERMISSION TO PARTICIPATION IN THE FOLLOWING CAMP ACTIVITIES:

ROCK WALL: YES _____ NO _____ ARCHERY: YES _____ NO _____

SWIMMING POOL: YES _____ NO _____ LAKE CANOE: YES _____ NO _____

PAINTBALL: YES _____ NO _____ SLEDDING/INNER TUBE: YES _____ NO _____

(MUST BE AT LEAST 14 YEARS OF AGE TO PARTICIPATE IN PAINTBALL.
VOUCHERS FOR PAINTBALL ARE \$25 AT CAMP STORE)

MEDICAL INSURANCE CARRIER: _____

MEDICAL TREATMENT WITHIN THE PAST YEAR: _____

☐ BLEEDING/CLOTTING ☐ HYPERTENSION ☐ MONONUCLEOSIS ☐ HEART CONDITION ☐ ASTHMA ☐ EYE,

EAR, NOSE, THROAT CONDITION ☐ CHICKEN POX ☐ TUBERCULOSIS ☐ DIABETES

☐ CONVULSIONS/SEIZURES ☐ ATHLETES FOOT

DATE OF LAST TETANUS SHOT: ____/____/____

SPECIAL MEDICATION/DIET: (ATTACH INSTRUCTIONS OF MD): _____

ALLERGIES: (INCLUDE PENICILLIN): _____

LIMITATIONS TO ACTIVITIES: _____

LIST DISABILITIES: _____

SPECIAL NEEDS/OTHER: _____

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED AS, _____
HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE
PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR OF SOUTHERN CALIFORNIA BIBLE CONFERENCE, TO ORDER
X-RAYS, ROUTINE TESTS, TREATMENT; TO RELEASE ANY RECORDS NECESSARY FOR INSURANCE PURPOSES; AND TO PROVIDE OR ARRANGE
NECESSARY RELATED TRANSPORTATION FOR ME/OR MY CHILD IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY. I HEREBY GIVE
PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION
FOR THE PERSON NAMED ABOVE. THE COMPLETED FORMS MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP. I ALSO UNDERSTAND THAT MY
PHOTO/VIDEO OR MY CHILD'S PHOTO/VIDEO MAY BE TAKEN AT CAMP. I AUTHORIZE VERDUGO PINES BIBLE CAMP TO USE THESE
PHOTOS/VIDEOS FOR THE CAMPERS ENJOYMENT AND PROMOTIONAL PURPOSES. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNLESS
REVOKED IN WRITING.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE ____/____/____

SIGNATURE OF CAMP WORKER: _____ DATE ____/____/____

Please scan and send a copy of this form to: verdugopinesoffice@gmail.com, or you may bring a completed form and deliver it to the Executive Director upon arrival.