



MEDICAL FORM - THIS FORM IS REQUIRED TO ATTEND CAMP

Name _____ Date of Birth _____

Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Mother/Guardian Name _____

Primary phone _____ Secondary phone _____

Father/Guardian Name _____

Primary phone _____ Secondary phone _____

Person to notify if Parents can't be reached: _____

Relationship _____ Phone _____

Family Insurance _____ Insurance Phone # _____

Policy # _____ Policy Holder _____

Physician's Name _____ Office phone _____

(Name of participant) _____ has permission to participate in all camp activities including trips as related to the camp program.

I give Holston Camp permission to use my child's name and/or picture in presentations, media releases, newsletters and marketing materials solely for the purpose of promoting Holston Camp.

I agree to release Holston Camp, its staff and volunteers, from all liability for any accidental injury to my child or his or her possessions during Holston Camp events.

I give my permission to the medical personnel selected by the Holston Camp staff to provide routine health care; to administer medication; and to provide or arrange necessary related transportation. In an emergency, I understand the camp will use the contact information above to notify me. If a trip to the Emergency Room is necessary, the hospital will use this information to contact me for permission to treat.

I give permission to all male and female staff and volunteers designated by Holston Camp to provide transportation for my child. Further, I agree to release Holston Camp from all liability for any accidental injury to my child or his or her possessions while using this transportation.

Signature of Parent Or guardian _____ Date _____

Return this form IMMEDIATELY to Complete Registration
Mail: PO Box 428, Banner Elk, NC 28604; Email: ljones@holstoncenter.org
Fax: (844) 465-7866

List Any Medications on Back of this Form