

Registration Form **Tulakogee 1st & 2nd Day Camp 2009**

T-shirt Size (Circle One) Youth sizes **S M L** Adult sizes **M L XL XXL XXXL**

Sponsoring Church _____
Name of Camper _____
School Grade Completed _____ Sex (circle one) **M F** Age _____ Birth date _____
Parent or Guardian (If camper is a minor) _____ Home Phone _____
Address _____ City _____ St _____ Zip _____
In case of emergency, notify: Name _____ Relationship _____
Emergency phone numbers: Day _____ Night _____
Physician's Name _____ (Imperative if your child has allergies.) Phone _____
List any allergies to medications or any known allergies _____

Date of last tetanus immunization _____ List medications presently being taken: _____

Insurance Company _____ Insurance Policy # _____
(This above information is needed in case your child or the sponsor has to taken to the hospital and the parent \ guardian cannot be reached.)
Signature of Parent or Guardian \ Sponsor _____ Date _____

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) _____
(birthday) _____, do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of:

(Name of adult sponsor from your church who is temporary custodian of minor)

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Date _____ Parent /Legal Guardian _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the representative of the Tulsa Metro Baptist Association concerning Diagnosis, prognosis for

_____ Date of birth _____

Name of Camper \ Sponsor _____

This information will be used for insurance billing. _____ Date _____

Signature of Parent or Guardian \ Sponsor

Please make sure you have (1) one original and (2) two copies of each registration form. You keep 1 copy and bring the original and (1) one copy to registration at Kamp.