



Registration and Medical Release Form

(This form may be reproduced but not altered.)

Camp Attending: _____ Camp Date: _____ Sponsor Church: _____

Name _____ Sex _____ Grade Completed _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Church Membership: _____

T-Shirt Size: _____

I have read and agree to abide by the Alto Frio Baptist Encampment camper rules and will cooperate with the leaders and fellow campers.

Camper's Signature _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Alternate Phone Number (____) _____

Family Physician's Name _____ Phone number _____

Name of primary insurance policy _____ Policy number _____

Date of last Tetanus shot _____ Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____ Date of Measles/Mumps/Rubella Vaccine _____

The following are yes/no questions, please explain details of current conditions on back of Medication & Dietary Form.

Has The Camper Had:

Appendix Removed _____ Chicken Pox _____ Fainting Spells _____ Asthma _____

Heart Problems _____ Seizures _____ Diabetes _____ Allergies to Food or Medications _____

Allergies to Bites or Stings _____ Seasonal Allergies _____

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twentyfour (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp.

Parent's Signature: _____

Emergency Contact Name _____ Phone (____) _____

Medication, Dietary & Allergy Information Form

- Medications MUST be in the original medication prescription bottle
- The medication prescription bottle MUST match what the camper actually takes AND match the camper's name that is on the Medical Release Form.

Example: (1) Atenol 50mg on tab daily

But, the camper state: *I only take ½ of that pill.*

(2) Synthroid 137mcg one at bedtime

But, the camper states: *I take it in the morning not at bedtime.*

The camper will be given medication as stated on the prescription.

- Campers should not bring any over-the-counter medications such as: Benadryl, Tylenol, Zyrtec, unless a specific brand has been prescribed by a doctor OR vitamins. We will administer over-the-counter-medication to your student from our medication cabinet as you have listed on the medication form.
- All medications must be in date and note expired. *Including Epi-Pens, Inhalers, Nebulizer Medications & Insulin.*

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Dietary Information: Alto Frio is happy to provide dietary accommodations to anyone whom it is **MEDICALLY NECESSARY**. Please check the appropriate box:

____ I DO NOT require special dietary considerations

____ I DO require special dietary considerations

Please list any medically necessary special dietary requirements: _____

I, _____, parent or guardian of, _____,
authorize the Alto Frio Camp Medical Professional to distribute any prescribed
medications to my child that meet the above mentioned guidelines. **Initials:** _____

I, _____, parent or guardian of, _____,
authorize the Alto Frio Camp Medical Professional to distribute any over-the-counter
medications as deemed necessary by said professional. **Initials:** _____

Parent/Guardian Signature: _____ **Date:** _____