

DI KIDS PARTICIPANT MEDICAL FORM (Print, complete and bring 2 copies with you to DI Kids-Do not mail)

DI Kids Location and Date of week _____ Name of Church _____

NAME _____ AGE _____ DATE OF BIRTH ____/____/____

Parents Name _____ PHONE (____)____-____

Mailing Address _____

In case of emergency notify: _____ PHONE (____)____-____ Relation _____

NAME OF CHURCH _____ PHONE (____)____-____

MEDICAL PROFILE

GENERAL HEALTH (check one) _____ Excellent _____ Good _____ Fair _____ Poor _____

If FAIR or POOR please explain condition _____

LIST ANY MEDICAL DIFFICULTIES FOR WHICH YOU ARE CURRENTLY BEING TREATED _____

LIST ANY MEDICINES OR SUBSTANCES TO WHICH YOU ARE ALLERGIC _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES _____

LIST ANY SPECIAL DIET (for medical purposes) _____

CHECK CHILDHOOD DISEASES: CHICKEN POX MEASLES MUMPS WHOOPING COUGH OTHER

DATE OF TETANUS IMMUNIZATION: ____/____/____ FAMILY PHYSICIAN _____

INSURANCE INFORMATION

INSURANCE COMPANY _____ POLICY # _____

SUBSCRIBER NAME _____ DOB of Subscriber _____

SUB. # _____ PLACE OF EMPLOYMENT _____ OCCUPATION _____

WORK PHONE NUMBER (____)____-____ OTHER CONTACT NUMBER (____)____-____

PERMISSION TO TREAT AND PHOTO/VIDEO NOTICE

My permission is granted for the DI KIDS STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my camper. I also understand that as a participant, my child may be photographed or videotaped during the normal DI KIDS camp activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, the Baptist State Convention of North Carolina and their employees and North Carolina Baptist Men from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in DI KIDS.

Please complete and sign below (children under 18 years of age requires parent/custodial signature)

PARTICIPANTS SIGNATURE _____ DATE ____/____/____

PARENT/CUSTODIAL SIGNATURE _____ DATE ____/____/____

PARENT/CUSTODIAL NAME (print) _____