

# 2026 Deep Impact Mission Week Medical Form

(Every Participant MUST Complete This Form)

DI Location and Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relation \_\_\_\_\_

Name of Pastor 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. WHOOPIING 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 DEEP IMPACT 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 DEEP IMPACT 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, North Carolina Baptists On Mission and their employees and 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 DEEP IMPACT.

Please complete and sign below (students under 18 years of age requires parent/custodial signature)  
Participants Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Custodial Name (print) \_\_\_\_\_

**PLEASE BRING (2) COPIES OF THIS FORM WITH YOU AT CHECK-IN**