

2027 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. ☐ 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 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