

Registration Form 2019

Kids Mission Adventure Kamp

KMAK I June 10-13, KMAK II June 17-20. KMAK III July 22-25

T-shirt Size (Circle One):

Youth: Small Large

Adult: Small Med Large XL XXL XXL

Name of person attending camp: _____

School Grade Completed _____ Sex (circle one) **M F** Age _____ Birth date _____

Sponsoring Church: _____

Parent or Guardian (of minor) _____ Home Phone _____

Address _____ City _____ St _____ Zip _____

In case of emergency notify: _____ Relationship _____

Emergency phone numbers: Day _____ Night _____ Cell _____

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: _____

Medical Insurance Company _____ Insurance Policy # _____

(Above information is needed in case your child or the sponsor has to be taken to the hospital and the parent/guardian cannot be reached.) _____ Date _____

Signature of Parent /Guardian/Sponsor

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 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 Tulakogee Conference Center 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 the ORIGINAL and one (1) copy of each registration form.

ORIGINAL to registration at Kamp. CHURCH keeps one (1) copy

Revised 2018

First

Cabin

Last

Kamper Name

Church