

MEDICAL / EMERGENCY FORM for Camp Hope Ministries inc.

Name: _____
First Last Congregation Name, City

Date of Birth: ____/____/____ Address: _____
Month Day Year

Gender: Male Female City, State & Zip: _____

Please complete one copy of this form for each adult, young adult and youth who will attend the gathering. Complete all information and legibly photocopy your insurance card on the back of this form. Your youth minister or adult sponsor is responsible for collecting and holding on to the forms for everyone in your group and must have your original, signed form with them at the event.

Parent/Guardian or Spouse

Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____

Other Emergency Contact

Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Insurance Carrier _____ Policy # _____

Policy Holder's Name _____ Social Security # _____

I do not have medical insurance

Does the participant have any condition that would prevent him/her from participating in this event?
 Yes No If yes, please explain below or use additional space on back of this form.

HEALTH HISTORY (So that health providers can be aware of your needs)

Pre-existing medical conditions:

Current medications:

Allergies to food, medication or environment:

**Please photocopy
the front/back of
the insurance
card on the back
of this form.**

Use the space on the back of this form to indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.

I, the undersigned, hereby authorize my sponsor and/or a synod event staff member to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that I should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as I am participating in the Camp Hope Ministries training and related events, during travel to and from said programs.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If participant is under 18