

Mt. Olive Lutheran Church  
Camp Registration & Medical Release

Participant's Name \_\_\_\_\_  
Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone # \_\_\_\_\_ 1<sup>st</sup> Cell# \_\_\_\_\_  
2<sup>nd</sup> Cell# \_\_\_\_\_ Work/Alternate # \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Please list any medications used by participant and the instructions that accompany these medications. All medications must be given to group leader before departure.

Medication	Instructions
_____	_____
_____	_____

Please list any food allergies, allergies to medications, dietary restrictions, or medical conditions:

\_\_\_\_\_

We (I) the guardian(s) of \_\_\_\_\_ authorize the adult leaders of Mt. Olive Lutheran Church Bible Camp to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I), the undersigned shall also be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We (I), the undersigned do also hereby give permission for our (my) child to ride in any vehicle designated by the adults in whose care the minor has been entrusted while attending and participating in the activities sponsored by Mt. Olive Lutheran Church.

Furthermore, we (I) hereby release, forever discharge and agree to hold harmless Mt. Olive Lutheran Church and all of its partner congregations, their directors, and the adult leaders, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant while participating in this trip or activity.

Guardian \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_