Medical/Liability Release Form

Midwest Camp at Lake Placid Christian Conference Center

This form must be completed for all campers under 18 attending Midwest Camp without a parent present.

Name of Camper	Age	Name of Guardian (to be present at Midwest Camp)
	Liability Relea	ise
Be known by all men that I,(Name of	of	(Home Address)
		rticipate in Midwest Camp, do hereby fully
		nd hereby release and discharge Northfield
		ions, claims, or demands for damages resulting
from my child's participation in the car	•	well as upon my heirs, executors, and all
members of my family.	upon me personany, as	s well as upon my nells, executors, and all
· · · · · · · · · · · · · · · · · · ·	nd understand its conte	nts fully. I furthermore agree to all conditions
		t I have carefully read the Registration Form,
especially noting the Guidelines.		,
Darant's Cignatura		Data
Parent's Signature:		
Parent's Signature:		Date:
Guardian's Signature:		Date:
	Medical Relea	250
Information to be completed by parer		13C
Parent's Name:		Home Phone:
Address:		Cell Phone:
City/State/Zip:		Work Phone:
Camper's Medical Insurance Company:		Plan or Group Number:
Insured ID or Medical Number:		Insurance Co. Phone:
•	• • •	nclude all information regarding special
circumstances pertaining to your child chronic medical conditions, current me	• •	ealth, including recent injuries or surgeries,
chronic medical conditions, current me	edications, and allergies	•
To the best of my knowledge, my child	is in good health. I will	notify the Camp Registrar if my child is exposed
, , ,	_	ng at camp. In the case of a medical emergency,
I understand every effort will be made	to contact me or the de	esignated guardian. In the event I cannot be
		the Camp Staff to hospitalize, secure proper
treatment, order injections, anesthesia	or surgery for my child	as named above.
Parent's Signature:		Date: