PLEASE PRINT CLEARLY –
ONE APPLICATION PER PERSON

ADULT CAMPER

The Way to Antioch
Application Form

Medical Release Form

(must haveparent/guardiansignatureifnot 18+)

Name: _____**DOB**:_____

Address: _____

Phone Number: _____ **Email:**_____

Medical Insurance Carrier:_____**ID#**_____

PMH☐ Diabete☐ Insulin?☐ Seizure☐ Diastat?☐ Asthma☐ Emergency Inhaler?☐ Heart Issues☐ NTG?☐

Medications used: _____

_____

Drug Allergies: _____

Food Allergies or special dietary needs:_____

Environmental Allergies: _____ **Epi Pen**? _____

Emergency Contact: _____ **Relationship**: _____

Phone Number: _____ **Alternate Number**: _____

Pertinent Information/Significant Medical History/Physical limitations or restrictions:

_____

Blood Type:_____. **Date of last Tetanus: _____**

In case of an accident or other emergency, I herby grant the Mt. View Baptist Camp Superintendent permission to authorize medical attention by a physician or hospital as necessary.

Pursuant to the provisions of the civil code of the State of Kentucky, I the undersigned, do hereby authorize as agents, the Board of Directors of The Way to Antioch supervisors to consent to any treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the medical Practice Act, or by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care required, but is given to provide authority to give care which any physician may, in the exercise of his/her best judgment, deem advisable.

I further authorize that any of the above-named agents that have active status as Emergency Medical Technicians, may Perform care up to the level in which they are allowed, if deemed necessary by them.

I also allow any hospital or medical facility which has provided treatment, to surrender physical custody to my above-named agents upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.

I do hereby release The Way to Antioch Board of Directors and/or its designee from liability in case of accident. This authorization shall remain in effect until revoked in writing and delivered to the said agent.

Participant Signature: _____ **Date:**_____