



PO Box 428 Banner Elk, NC 28604

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HOLSTON SUMMER CAMP MEDICAL FORM
THIS INFORMATION IS REQUIRED TO ATTEND CAMP

PLEASE PRINT LEGIBLY

Camper Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Mother/Guardian Name _____

Primary phone _____ Secondary phone _____

Father/Guardian Name _____

Primary phone _____ Secondary phone _____

Person to notify if Parents can't be reached _____

Relationship _____ Phone _____

If participant IS NOT covered by personal/family medical insurance, please complete and submit "Non-Insured Form"

Family Insurance _____ Insurance Phone _____

Policy # _____ Policy Holder _____

Physician's Name _____ Office phone _____

List any medications here:	Dosage:	Frequency:
_____	_____	_____
_____	_____	_____

List any medical issues:	Allergies:	Notes:
_____	_____	_____
_____	_____	_____

I give my permission to the Holston Camp staff to provide routine health care; to administer medication as prescribed by the child's physician and instructed by the child's parent, and to provide or arrange necessary related transportation. In an emergency, I understand the camp will use the contact information above to notify me. If a trip to the Emergency Room is necessary, the hospital will use this information to contact me for permission to treat.

I give permission to all male and female staff and volunteers designated by Holston Camp to provide transportation for my child. Further, I agree to release Holston Camp from all liability for any accidental injury to my child or his or her possessions while using this transportation.

I grant permission to Holston Presbytery Camp and Retreat Center, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Holston Presbytery Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Holston Presbytery Camp and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Signature of Parent or Guardian _____ Date _____