

Palmetto Bible Camp Medical Permission Form

Please provide us with information specifying any medical problems, medical conditions, allergies (*medication, food or environment*), current medications, or other important medical information.

Date of most recent Tetanus vaccine: _____
[Tetanus vaccine will be listed on the immunization record as DTaP, Td, or Tdap]

PLEASE PRINT

CAMPER NAME	CAMPER DATE OF BIRTH
PARENT/GUARDIAN NAME	EMERGENCY CONTACT NUMBER

HEALTH INSURANCE INFORMATION:

Health Insurance Company:
Policy Number:
Name of Insured:
Date of Birth of Insured:
SSN of Insured:

PBC does not maintain any insurance on campers in order that we may keep camper fees at a minimum. We request that any medical expenses incurred be reimbursed.

In consideration of acceptance of the named applicant, I, the undersigned parent or guardian, as the case may be, covenant and agree with Palmetto Bible Camp, that we will at all times hereafter indemnify, keep indemnified, and save harmless the said Palmetto Bible Camp, from all action, proceedings, claims, demands, costs, damages, and expenses, which may be brought against or claimed from Palmetto Bible Camp, or which I may pay, sustain, or incur as a result of illness, accident, or misadventure to named applicant, during the period that said applicant is a participant at Palmetto Bible Camp. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or camp nurse to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for camper.

 Signature of above named parent or guardian

 Date