

MEDICAL & PHOTO FORM

EMERGENCY INFORMATION

Camper's Name: _____

Sex: M F

Medical Insurance #: _____

Date of Birth: _____

Emergency contacts: 1) _____ 2) _____

Emergency contact #'s: 1) _____ 2) _____

MEDICAL ALERT:

Have you ever had or do you currently have? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Neck Problems |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Asthma | |

Have you had any of the following in the last year? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Overuse Injury |
| <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Fractures |

Please list any allergies that you may have: _____

Please list any medications currently being used: List any other health problems/important information that could jeopardize camp safety: _____

PROTECTING YOUR PERSONAL INFORMATION

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by the staff and volunteers of Athletes in Action and partnering organizations and will be kept in a secure place. Please contact Athletes in action or our church for complete privacy policies.

MEDICAL/VIDEO/STILL PHOTOGRAPHY AUTHORIZATION FORM

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to make any and all decisions regarding the emergency treatment of my child. I also hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to take video and still photos of my child during camp. These videos and still pictures will be used on AIA's website and marketing materials as well as, Youtube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes.

I, _____, (parent/guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with Athletes in Action from any and all claims, demands, actions, and causes of action, that i/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____

Date: _____