



## MINOR HEALTH/RELEASE FORM

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_ Church: \_\_\_\_\_

*The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this retreat.*

1. Are all immunizations current? \_\_\_\_\_ Date of last Tetanus? \_\_\_\_\_
2. Allergies (please list):  
Medications: \_\_\_\_\_  
Food: \_\_\_\_\_  
Insect bites poison ivy/oak: \_\_\_\_\_  
Other: \_\_\_\_\_
3. Any recent surgery? \_\_\_\_\_ Released for full activity? \_\_\_\_\_
4. Any physical condition which would prevent full participation in all activities? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
5. Diabetic? \_\_\_\_\_
6. Asthma? \_\_\_\_\_
7. Under a doctor's orders to take medication? \_\_\_\_\_ If yes, please list all prescription medications:  
\_\_\_\_\_
8. Is sponsor authorized to approve medical treatment? **Yes / No** (circle one)
9. Is participant covered by personal/family medical insurance? **Yes / No** (circle one)
  - If yes, name of insurer: \_\_\_\_\_
  - Policy or group number: \_\_\_\_\_
  - Policyholder's name: \_\_\_\_\_
10. Is there anything else our staff need to know about their physical and/or mental condition?  
\_\_\_\_\_



I, the undersigned, hereby agree to indemnify and hold harmless Wesley Pines Conference, Retreat, & Camping Center, Inc., its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while I am participating in any activities while camping.

\_\_\_\_\_  
Parent Name (Print Clearly)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Cell Number

\_\_\_\_\_  
Father's Cell Number

\_\_\_\_\_  
Emergency Contact (Print Clearly)

\_\_\_\_\_  
Emergency Contact Phone Number