

Guardian Authorization and Medical Record Form

(For those campers under 18 years who are not accompanied by a parent or legal guardian)

Name of Camper:

Parents Name:

Parents Address:

Phone: Home Bus

My contact phone number during the camp period is: - Area *Code* (...)

Under 18 year old campers medical record:

Medical Insurance details (*if any*) :

Does the person listed above suffer from any known medical condition ?

If so, give details.

.....

Details of any current medication being taken.

.....

Date of last Tetanus immunisation:

Please read and sign this statement:

“ I(Print)authorise
(*inset name of guardian*) to be temporary guardian of my child for the duration of the camp at the
Revival Centres International Freshwater Creek Camp.

Where it is impracticable or impossible to contact me, I authorise my child to receive such
medical and surgical treatment as may be deemed necessary".

Signed: Date:

Guardian Acceptance

I agree to be the temporary guardian of the above mentioned child.

Signed: Date:

Note: This form will be destroyed at the conclusion of the camp.