

# First Baptist Church Camp Nehemiah 2018

## Field Trip Permission, Emergency Information and Medical Information Form

Name of Camper: \_\_\_\_\_  
(Last) (First) M.I.

I, \_\_\_\_\_ give authorization for the above camper to participate in Camp Nehemiah's transportation and field trips. Circle answer Yes No

**Emergency Contact Information:**

Please list emergency contact information in chronological order according to the preference of who should be contacted first:

**PLEASE PRINT**

Contact Priority	Full Name	Relationship to Camper	Contact Numbers
1			1. 2.
2			1. 2.
3			1. 2.

**Medical Information:**

Please complete the following information:

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_ Hospital/Clinic Preference: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_ Allergies: \_\_\_\_\_

Date of Last Tuberculin Skin Test (PPD): \_\_\_\_\_ Results: \_\_\_\_\_

List all medical conditions: \_\_\_\_\_

List all medicines: \_\_\_\_\_

**Medical Authorizations:**

When notified of camper's illness, the parent/legal guardian agrees to pick up the camper from the Camp Nehemiah Campus as soon as possible. The parent/legal guardian gives the Camp Nehemiah STAFF permission to obtain immediate medical care for the camper in the case of serious injury or illness.

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s) \_\_\_\_\_  
Date

The Camp Nehemiah STAFF agrees to notify parent/legal guardian as soon as possible when camper becomes ill.

\_\_\_\_\_  
Signature of Director/Administrator \_\_\_\_\_  
Date