



# 2021 Camper Information & Medical Release Form

**Please check the camp attending:**

- Week 1 Summer Camp: June 7-11 (Streator)
- Week 2 Summer Camp: June 14-18 (Streator)
- Week 3 Summer Camp: June 20-24 (Lake Sallateeska)
- Week 4 Summer Camp: June 28-July 2 (Lake Sallateeska)
- Week 5 Summer Camp: July 12-16 (Streator)
- Week 6 Summer Camp: July 10-12 (Streator)
- Student Camp: July 19-23 (Lake Sallateeska)

**This form MUST be completed and signed by parent or guardian and returned with the camp registration packet to: Leadership Development Team, IBSA Summer Camps, P.O. Box 19247, Springfield, IL 62794-9247.**

Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Grade Last Completed: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Email: \_\_\_\_\_ Church Name: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contacts – please list two:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the 2020 IBSA Kids Camps require good physical condition. The above named may participate in all activities, including sports, with the following exceptions; **if no exceptions write "NONE"**: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALL medications MUST** be filled prior to camp and given to the nurse in their **original prescription or over the counter bottles** at the time of registration. Please list any and all medical information the camp nurse should have (for example: allergies, prescribed treatment, major illnesses and medical conditions, medications taken by the camper, dosage and frequency of medication, etc.). Attach pages or write on back as needed. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give permission to the Camp Nurse to give my child an appropriate dose of Acetaminophen (ie, Tylenol) or Ibuprofen (ie, Motrin) when determined to be needed; **if agreed upon write "YES"**: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_  
 Date of last Tetanus shot: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend one of the 2021 IBSA Summer Camp. I further expressly grant my permission for my child to participate in all activities of said camp. I understand that my child may be photographed and video-taped at camp for promotional purposes. These photos/videos will not be sold for profit.

I have listed said minor's physical defects or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Leadership Development Team of the Illinois Baptist State Association, or its representatives, or the camp nurse or counselors, or any attending physician to make such decisions and to perform such medical treatments, and/or surgery upon said minor which may, in their sole discretion be necessary and proper under such circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Leadership Development Team staff personnel, camp nurse or counselors, the Illinois Baptist State Association, or its representatives, or any attending physician to make decisions.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*