

Phone

In case of Emergency, contact

Policy Number

Policy Holder

(Make sure your insurance covers water activities)
Medical Insurance Coverage With:

Date _____ / _____ / _____
Signature _____

As a parent or guardian, I hereby authorize any hospital emergency staffed physician to administer any needed treatment and to do any procedure which in their judgment may be necessary.

Other: _____

Date of last Tetanus Shot _____ / _____ / _____

Asthma — — — —
 Permission to Swim — — — —
 Other: _____

Allergies (Please Name) — — — —
 Diabetes — — — —
 Sinus Infection — — — —
 Ear Trouble — — — —
 Skin Trouble — — — —
 Lung Trouble — — — —
 Heart Trouble — — — —

MediCal Release Yes No

X-Large XX-Large XXX-Large

Small Medium Large

T-Shirt Size

Camper Staff

Church: _____

Phone: _____ Age: _____ Mr/F

City: _____ State: _____ Zip: _____

Address: _____

Name: _____



SCORE

FINISH STRONG, WIN

CAMP PADRE 2026

JULY 6 - 10

