

Passport, Inc. Camper Medical Release Form

(Please fill out as clearly as possible in black ink only)

Name _____ Age _____ Date of Birth _____

Parent or Legal Guardian _____

Parent Email _____ Camper's Grade _____

Address _____ City _____ ST _____ ZIP _____

Phone (hm#) _____ (wk#) _____ (cell #) _____

My child will be attending PASSPORT with _____ Church.

Please fill out one of the following:

_____ We are currently members of _____ Church.

_____ We are not members of any church.

Medication (currently using) _____

Allergies (to medication) _____

Family Doctor _____ Address _____

City, ST, ZIP _____

Phone _____ Insurance carrier for my child(ren) _____

Policy number _____ Date of last Tetanus shot _____

I (Parent or Legal Guardian), _____ do hereby give my permission for my child(ren), _____ to receive emergency medical care. In addition, I will not hold Passport, Inc., responsible for any expense, claims, or liability arising from an injury to my child(ren).

Throughout a session of PASSPORT, a photographer and videographer will take footage that could be used in future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my child(ren)'s image(s) in future promotional materials.

Signed _____ Dated _____
(do not sign except in presence of Notary)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public _____ My Commission Expires _____

Dated _____ Seal of Notary