



Circle Six Baptist Camp & Conference Center

Student Medical/Liability Release Form

P.O. BOX 976 STANTON, TX 79782 PHONE: 432.458.3467 INFO@CIRCLE6RANCH.ORG

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print legibly in dark ink.

Return completed form to group contact person. **DO NOT MAIL TO CSBC.** The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to Circle Six property and participation in camp activities. Upon arrival, the completed form must be delivered to Circle Six administrators. Texas Law requires that the completed original medical form be kept in the Campus office and become a document of permanent Circle Six record.

CAMPER'S INFORMATION

CAMPER'S NAME _____

BIRTH DATE _____ AGE _____ MALE [] FEMALE []

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ OTHER () _____ EMAIL _____

PARENT/LEGAL GUARDIAN _____ RELATION TO YOU _____

PARENT / LEGAL GUARDIAN PHONE NUMBER DAYTIME () _____ OTHER () _____

NAME OF CHURCH/GROUP WITH WHOM YOU ARE ATTENDING _____ CITY _____ STATE _____

HAVE YOU BEEN CONVICTED OF A FELONY YES NO IF YES, EXPLAIN _____

HEALTH INFORMATION

PRESCRIPTION MEDICATIONS TAKEN _____

OVER THE COUNTER MEDICATIONS _____

DO YOU PLAN ON BRINGING THESE MEDICATIONS WITH YOU TO CAMP* YES [] NO []

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

RECENT SERIOUS INJURY YES [] NO [] RECENT SURGERY YES [] NO []

CHRONIC MEDICAL CONDITION YES [] NO [] OTHER HEALTH CONCERNS YES [] NO []

IF YOU CHECKED YES TO ANY ABOVE, EXPLAIN _____

DATE OF LAST TETANUS SHOT _____ IMMUNIZATIONS CURRENT YES [] NO []

DO YOU HAVE ANY ALLERGIES TO ANY THE FOLLOWING? IF YES, PLEASE EXPLAIN.

FOOD _____ DRUGS _____

INSECT STINGS/BITES _____ OTHER _____

* State law requires all medications to be placed in the Campus Health Center during Summer Camp season. All medications must be brought in the original bottle (prescription or over-the-counter) and properly labeled as prescribed by law.

EMERGENCY CONTACT INFORMATION

PERSON TO NOTIFY IN EVENT OF EMERGENCY _____ RELATION _____

PHONE NUMBER OF CONTACT PERSON DAYTIME () _____ EVENING () _____

FAMILY PHYSICIAN _____ PHONE NUMBER () _____

MEDICAL INSURANCE COMPANY _____ PLAN OR GROUP # _____

INSURED ID OR MEMBER # _____ INSURANCE COMPANY PHONE NUMBER () _____

It is recommended that you attach a photocopy of your family medical insurance card.

I, _____ being the legal guardian of _____ give my permission to Circle 6 Baptist Camp & Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Circle 6 Baptist Camp sponsored activities.

X _____
Required Parent/Legal Guardian Signature

Date

Phone Number

