TRIQUEST SUMMER CAMP 2008
CAMPER REGISTRATION

NAME_____ ADDRESS_____

CITY_____ STATE _____ ZIP _____

HOME PHONE ( )_____ E-MAIL_____ CELL_____

AGE_____ DATE OF BIRTH _____

PASTOR _____ YOUTH PASTOR_____ CHURCH_____

Name of person to contact in case of emergency: _____

FOR OFFICE USE ONLY

FEE $150.00_____ ROOM ASSIGN._____ COUNSELOR_____

HEALTH INFORMATION

NAME_____ INSURANCE COMPANY_____

MEMBER NUMBER_____ FAMILY PHYSICIAN_____

PHYSICIAN'S PHONE NUMBER ( ) _____

Is this camper on any medication? YES _____ NO _____
If so, name:_____
Dosage_____
Please state past histories (if any) pertaining to (1) allergies (2) diabetes (3) epilepsy
_____
Has there been a tetanus shot administered in the last: One Year_____ Two years_____

Other information stated by parent or legal guardian_____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned, parent or legal guardian of _____,
(name of attendee)
do authorize_____ as agent for the undersigned
(pastor, assoc. pastor, counselor)
to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in ADVANCE of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain in effect until _____, 2008 unless sooner revoked in writing and delivered to the said agent.
DATED:_____, 2008

_____ _____
(PARENT) (RELATIONSHIP)

Notary_____ Date:_____

(Please make copies from this form)