



# Tahlequah Camp Application

## MEDICAL INFORMATION

Any Allergic Reactions? \_\_\_\_\_

Taking Medication? YES | NO How Often? \_\_\_\_\_

What kind? \_\_\_\_\_

Physical Limitations? \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Last Tetanus injection: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

**(Please provide a copy of insurance card for our records, thank you.)**

I hereby grant permission for the person named above to attend Burnt Cabin Christian Camp.

I give my permission for the Camp Director to authorize routine treatment of non-emergency care in cases of injury or illness. In any emergency, I understand that every reasonable effort will be made to contact me. In the event I am not reached promptly, I hereby give my permission to the physician selected by the Camp Director to hospitalize and secure proper treatment, including surgery, for my child at my expense to the extent not covered by the camper's insurance. I release Burnt Cabin Christian Camp and all camp personnel from any liability arising from all routine or emergency care.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

HomePhone \_\_\_\_\_ WorkPhone \_\_\_\_\_

Emergency Contact: Name & Phone \_\_\_\_\_



Director, Tyrel Hatfield

CELL: 918.457.6482, tyrelhatfield@gmail.com

### Mail applications to:

South College church of Christ

P.O. Box 97

Tahlequah, OK 74465

### Registration:

From 2:00 p.m. - 4:00 p.m.

If you make it to camp before 2:00 p.m. please wait outside the Mess Hall. In order for registration to run smoothly, we need adequate time to prepare. Thanks for your consideration in this matter!

