



JULY, 2017 Masterpiece Project Medical Form
(Please print all information legibly)

Student's full name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Mother's (or Guardian) Name: _____

Home Phone (if different from student's) _____

Cell Phone _____ Work Phone: _____

Father's (or Guardian) Name: _____

Home Phone (if different from student's) _____

Cell Phone _____ Work Phone: _____

Emergency Contacts

Please list 2 individuals that can be contacted in the event of an emergency if neither parent can be reached.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Personal Health and Medical History

Please be very specific regarding the student's health history and needs.

Allergies: Medicines, **food**, insects, plants, etc.

Specific health history that the Camp director, Camp Nurse and Counselors need to be made aware of prior to beginning regular camp activities:

Specific physical or behavioral conditions that may affect or limit full participation in the camp program or in playing strenuous physical games:

Student's Name _____
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Please list all medications, including dosage and administration schedule, to be taken at camp:

Additional health concerns that the Camp staff should be made aware of:

Health Insurance Information

Primary Care Physician: _____
Phone Number: _____

Primary Medical Insurance: _____

Primary Medical Insurance Policy Holder: _____

Group # _____ Member # _____

Please check one of the following: HMO PPO Other

Please include a photocopy of your insurance and prescription card upon arrival for camp.

I hereby give permission for full participation in Masterpiece Project 2016 camp activities, subject to limitations noted herein. I agree to release Masterpiece Ministries, its staff and affiliates from any liability while my child is at camp, realizing that every effort for safety will be made. In the case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of parent/guardian _____ Date _____

A SIGNED COPY OF THIS FORM IS REQUIRED FOR ALL STUDENTS.

When complete, you can either:

1. Mail to MASTERPIECE MINISTRIES, 445 Lawrence Rose Road, Lebanon, TN 37087 (to arrive NLT July 21, 2017)
2. Scan and email to Sherrie Rogers at gslrogers@gmail.com (to arrive NLT July 21, 2017)
3. **BRING WITH YOU TO CAMP on July 23, 2017.**