

Office Use:

Camp Site Location: _____

Forms Received By : _____

Impact Medical Form

Must be submitted in duplicate at Registration

Name: _____

Address: _____

Phone: _____ Cell: _____

Attendee Email: _____

Parents Email: _____

Parent(s)/Guardian Name: (If under 18) _____

Insurance Company: _____

Policy/Group Number: _____

Alternate Contact Person: _____

Emergency Phone Number: _____

Is participant allergic to anything?

Is participant currently taking medication?

Do you currently have any medical concerns?

I understand this form will be used to judge medical attention given to me in the event of an emergency. I authorize the calling of a doctor for providing necessary medical service as needed. In addition, I realize that photographs and video will be taken throughout the Impact event and that pictures of my youth may be used by Salt 'n Light Youth Ministry Inc. advertisement purposes.

Signature

Parent/ Guardian Signature
required for those under eighteen

Date