

**Office Use:**

Camp Site Location: \_\_\_\_\_

Forms Received By : \_\_\_\_\_



**Salt'nLight**  
YOUTH MINISTRY INC

## Impact Medical Form

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature  
required for those under eighteen

\_\_\_\_\_  
Date