



Dickey Lake Bible Camp

Please Fill out and Sign this Medical Release, Activity Permission and Media Release form and send with your child to camp, email to dickeylakebiblecamp@gmail.com or mail to P.O. Box 11 Trego, MT 59934 prior to camp start date

FILL OUT ONE PER CAMPER

Camper's Name: _____ DOB: ___/___/___

Parent/Guardian's Name _____

Medical issues or dietary needs _____

Emergency contact Name _____ Phone: (____) ____ - _____ Relation to Camper _____

Date of Last Tetanus shot: _____

MEDICAL RELEASE: PARENT INITIAL _____

In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Nurse or Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the Camper named on this form, if required. I also agree to pay for any fees incurred, and I understand that DLBC and its staff will not be held responsible or liable for any related expenses. I understand that I am responsible for charges not covered by insurance. I also authorize the release of all information necessary to settle any claims and authorize permission for pertinent DLBC staff to see medical record.

MEDIA RELEASE: PARENT INITIAL _____

I give Dickey Lake Bible Camp permission to use my child's likeness in photo prints, videos, PowerPoint presentations/ DVD's or on the camp website/Facebook. These images will be used for promoting the camp and its functions.

ACTIVITY RELEASE: PARENT INITIAL _____

I give my permission for _____ to participate in activities at Dickey Lake Bible Camp and Conference Center (DLBC).

To help ensure the safety of everyone, Camper agrees to obey all directions and rules given by the DLBC staff. If Camper breaks any rules, I understand that he/she could be sent home at parent/guardian's expense or not allowed to participate in certain activities during the remainder of camp.

Parent/Guardian Signature _____

Date ___/___/___