

# Passport, Inc. Camper Medical Release Form

(Please fill out as clearly as possible in black ink only)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent Email \_\_\_\_\_ Camper's Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (hm#) \_\_\_\_\_ (wk#) \_\_\_\_\_ (cell #) \_\_\_\_\_

My child will be attending PASSPORT with \_\_\_\_\_ Church.

Please fill out one of the following:

\_\_\_\_\_ We are currently members of \_\_\_\_\_ Church.

\_\_\_\_\_ We are not members of any church.

Medication (currently using) \_\_\_\_\_

Allergies (to medication) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Insurance carrier for my child(ren) \_\_\_\_\_

Policy number \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

I (Parent or Legal Guardian), \_\_\_\_\_ do hereby give my

permission for my child(ren), \_\_\_\_\_  
to receive emergency medical care. In addition, I will not hold Passport, Inc., responsible for any expense, claims,  
or liability arising from an injury to my child(ren).

Throughout a session of PASSPORT, a photographer and videographer will take footage that could be used in  
future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my  
child(ren)'s image(s) in future promotional materials.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(do not sign except in presence of Notary)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Dated \_\_\_\_\_ Seal of Notary