

# Believer's Youth Camp

...Pointing Young People to the Cross...

This is to give \_\_\_\_\_ (Name of adult at camp) or Douglas Severt consent to sign for EMERGENCY MEDICAL and/or SURGICAL TREATMENT for \_\_\_\_\_ (Name of child).

BYC Medical Form		
Name of Medication:	Allergies:	Routine:
Date of last tetanus: __/__/____		

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Guardian's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_

Notary Public