2024 Deep Impact Mission Week Medical Form

(Every Participant MUST Complete This Form)

DI Location and Date: _____ Name of Church: _____

Name_____Age_____Date of Birth_____

Parents/Guardian_____Phone (____)____-_____

Mailing Address_____

In case of emergency notify_____Phone (_____)_____-_____Relation_____

Name of Pastor of Church_____ Phone ( )_____- _____

MEDICAL PROFILE

General Health (Check One) _____Excellent _____Good _____Fair _____Poor

*If FAIR or POOR please explain condition*_____

List any medical difficulties for which you are currently being treated. _____

List any medicines or substances to which you are allergic. _____

List any medications you are currently taking. _____

List any previous operations or serious illnesses. _____

List any special diet (for medical purposes). _____

Check childhood diseases: □CHICKEN POX □MEASLES □MUMPS. □WHOOPING COUGH □OTHER_____

Date of Tetanus Immunization:_____/_____/_____Family Physician_____

INSURANCE INFORMATION

INSURANCE COMPANY_____POLICY #_____

SUBSCRIBER NAME_____DOB of Subscriber_____

SUB. #_____PLACE OF EMPLOYMENT_____OCCUPATION_____

WORK PHONE NUMBER (____)_____-_____OTHER CONTACT NUMBER (_)_____-_____

PERMISSION TO TREAT AND PHOTO/VIDEO NOTICE

My permission is granted for the DEEP IMPACT STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my camper. I also understand that as a participant, my child may be photographed or videotaped during the normal DEEP IMPACT camp activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, the Baptist State Convention of North Carolina, North Carolina Baptists On Mission and their employees and from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in DEEP IMPACT.

Please complete and sign below (students under 18 years of age requires parent/custodial signature)

Participants Signature_____Date_____/_____/_____

Parent/Custodial Signature_____Date_____/_____/_____

Parent/Custodial Name (print)_____

PLEASE BRING (2) COPIES OF THIS FORM TO MISSION WEEK – DO NOT MAIL