Deep Impact Participant Medical Form *(Print, complete and bring two copies with you to Deep Impact)*

Name _____Age_____ Date of Birth____/____/_____

Parent's Name _____Phone (_____)_____-_____

Mailing Address _____

In case of emergency notify: _____Phone (_____)_____-_____Relation _____

Name 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 PHYSICAN _____

INSURANCE INFORMATION

INSURANCE COMPANY _____POLICY # _____

SUBSCRIBER NAME_____DOB of SUBSCRIBER _____

SUBSCRIBER #_____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 and their employees and North Carolina Baptist Men 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 require parent/custodial signature)-

PARTICIPANT SIGNATURE _____DATE____/____/ _____

PARENT/CUSTODIAL SIGNATURE_____DATE____/____/ _____

PARENT/CUSTODIAL NAME (print)_____