

**CHRISTIAN HIGH ADVENTURE
GENERAL MEDICAL INFORMATION**
(To Be Filled Out By Applicant)

NAME _____ AGE _____ SEX _____

ADDRESS _____
Street or Box City, State Zip

PHONE () _____ Marital Status _____ Weight _____ Height _____

EMAIL Address _____

Does applicant have any physical limitations that might affect his/her ability to participate in an expedition?

_____ If yes, explain: _____

Is applicant in general good health? _____

Has applicant had or been exposed to any contagious disease or illness in the past six months?
_____. If yes, what? _____

Is applicant allergic to any medicines or drugs? _____ What? _____

Is applicant allergic to any foods? _____ What? _____

Does applicant have any other allergies? _____ What? _____

Does applicant have updated tetanus shots? _____

Does applicant have his/her appendix removed? _____

Does applicant have a history of trick knee, weak ankles, bad back, etc? _____

IS APPLICANT SUBJECT TO:

Rheumatic Fever _____ Hypertension _____ Diabetes _____

Epilepsy _____ Heart Disease _____ Asthma _____

Others _____ If woman, severe cramps _____

MEDICAL RELEASE **(Required)**

I hereby give permission for my son/daughter/myself (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

DATE

PARENT OR LEGAL GUARDIAN SIGNATURE - or -
YOUR SIGNATURE (if over 18 years of age)

.....
INSURANCE **(REQUIRED)**

Insurance issued in the name of: _____

Address of insured: _____
Street/Box City, State Zip

Is this coverage for a dependent? _____ If so, give name of dependent _____
and relationship _____.

Name of Insurance Company _____

Address of Company _____
Street/Box City, State Zip

Policy Number _____

.....
TO BE FILLED OUT BY PHYSICIAN (Recommended -- Not Required)

I have examined the applicant and find that he/she is in fit health for participation in the strenuous activities of a wilderness expedition which will involve carrying heavy loads over high mountain passes considerable distance from civilization.

Date

Physician's Signature

COMMENTS: _____

PHOTOGRAPHY OF CHA PARTICIPANTS: On some occasions photographs/video will be taken of CHA participants as they participate in the Baptist State Convention of North Carolina ministries. These photographs will only be used for promotion of these ministries through brochures, web page, video, and special mailings. At no time will the names of participants be used in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for use in promotion of Baptist State Convention ministries only.

Signed _____ Date _____
(Parent or Guardian)

PLEASE BRING THIS FORM WITH YOU TO CAMP CARAWAY