



FUTURE PREACHERS TRAINING CAMP

Bear Valley Church of Christ • 2707 South Lamar Street, Denver, Colorado 80227 • (303) 986-4521
www.bearvalleycofc.org/FPTC

EMERGENCY MEDICAL RELEASE

Camp dates: _____ Camp location: _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN

Camper's Name: _____

Name of Insurance Company: _____ Policy #: _____

Insurance Company address: _____

Mother's employer: _____ Work Phone: _____

Father's Employer: _____ Work Phone: _____

Is your son presently taking any medication, have any allergies, or any food restrictions? Yes No

If Yes, please explain _____

I hereby authorize the director of Future Preacher's Training Camp to act for me according to his best judgement in any emergency requiring medical attention:

signature of parent/guardian

date

NOTE TO PARENTS/GUARDIANS:

We use the most convenient hospital emergency room for any injury incurred. The camp director gives permission for the hospital staff to perform treatment as necessary, or considered necessary; please indicate if this is objectionable to you. We will always try to notify a parent or guardian first.

Please complete and mail to:

Future Preacher's Training Camp
c/o Bear Valley Church of Christ
2707 S. Lamar Street
Denver, Colorado 80227