

**M4 Camps 2012**  
**PARENTAL CONSENT AND MEDICAL INFORMATION FORM**  
**Photo & Video Release**

Participant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

**MEDICAL INFORMATION:**

Does your teen have an allergic reaction to penicillin? \_\_\_\_\_ To bee stings, bites, etc.? \_\_\_\_\_  
To other medicines? \_\_\_\_\_ If yes, which ones \_\_\_\_\_

Is there any medical information you feel we should have concerning your child?  
\_\_\_\_\_

**ALL MEDICINE MUST BE TURNED OVER TO THE CHURCH CHAPERONES BEFORE LEAVING!**

**EMERGENCY NUMBERS:**

Doctor's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Other Phone (    ) \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Other numbers/info \_\_\_\_\_

M4 Ventures, LLC & Camps, & Waukaway Springs Christian Retreat Center are Christian organizations, and Christian standards of conduct, dress, and attitude are expected from each participant.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE IN M4 Kids' Camp. When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I shall in no way hold M4 Ventures, Waukaway Springs Christian Retreat Center, or its representatives responsible for any financial obligation. I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_