

# Highland Lakes Camp

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## HIGHLAND LAKES CAMP AND CONFERENCE CENTER

5902 Pace Bend Road North \* Spicewood, TX 78669

Phone: (512) 264-1777, (888)222-3482 Fax: 512.264.2794

[www.highlandlakescamp.org](http://www.highlandlakescamp.org)

e-mail: [info@highlandlakescamp.org](mailto:info@highlandlakescamp.org)

Please complete, sign and return this 2-sided document to your group contact person. Do not mail to HLCCC.

### STUDENT MEDICAL/LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print in Dark ink. The Completed Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept and become a document of permanent HLCCC record.

Camper's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Street / Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Now: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_  
Month Day Year

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of School with whom you are attending: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the below requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____ Medications you take occasionally (headaches, etc.) _____ Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i>	<b>Health Information:</b> Do you have, or have you had: Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any of the above, please describe: _____  Special Diet? _____ Immunizations Current? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of last Tetanus Shot? _____ Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____ Other? _____
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Person to Notify in Event of Emergency: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number of Contact Person: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Insured ID or Member #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ give my permission to Highland Lakes Baptist Encampment's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

√ \_\_\_\_\_ (\_\_\_\_)  
Signature of Parent/Guardian Date (Area Code) Phone Number

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY LIABILITY RELEASE



