



Tahlequah
Camp
Application

MEDICAL INFORMATION

Any Allergic Reactions? _____

Taking Medication? YES | NO How Often? _____

What kind? _____

Physical Limitations? _____

Name of Physican: _____

Phone: _____

Date of Last Tetanus injection: _____

Insurance Company: _____

Policy Number: _____

Policy Holder Name: _____

Insurance Phone: _____

(Please provide a copy of insurance card for our records, thank you.)

I hereby grant permission for the person named above to attend Burnt Cabin Christian Camp.

I give my permission for the Camp Director to authorize routine treatment of non-emergency care in cases of injury or illness. In any emergency, I understand that every reasonable effort will be made to contact me. In the event I am not reached promptly, I hereby give my permission to the physician selected by the Camp Director to hospitalize and secure proper treatment, including surgery, for my child at my expense to the extent not covered by the camper's insurance. I release Burnt Cabin Christian Camp and all camp personnel from any liability arising from all routine or emergency care.

Parent or Legal Guardian _____ Date _____

HomePhone _____ WorkPhone _____

Emergency Contact: Name & Phone _____



**Burnt Cabin Christian Camp
2018 Tahlequah Camper Application**

JUNE 17-23

Director, Tyrel Hatfield

918.456.3414, tyrelhatfield@gmail.com

Mail applications to:

South College church of Christ

P.O. Box 97

Tahlequah, OK 74465

Registration:

From 2:00 p.m. - 4:00 p.m.

If you make it to camp before 2:00 p.m. please wait outside the Mess Hall. In order for registration to run smoothly, we need adequate time to prepare. Thanks for your consideration in this matter!

