

**East Side Baptist Church  
Medical Information for High Power Soccer Camp**

Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:**

Does your child have allergies? \_\_\_\_\_ Please List: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\*Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Insurance Carrier: \_\_\_\_\_

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE in the High Power Soccer Camp with East Side Baptist Church. When it is deemed necessary for my son/daughter's health, the staff 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 East Side Baptist Church or its representatives responsible for any financial obligation.

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