



*Navajoland Baptist Youth Camp
Nazlini, AZ*

Camper's Name: _____ Male Female

Age: _____ Date of birth: ____/____/____ Grade next year: _____ T-Shirt Size: _____

Adult Sponsor Parent / Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: () _____ Emergency Number: () _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Church Phone: () _____ Pastor's Name: _____

Youth Director's Name: _____

Family Physician Name: _____

Physician's Phone: _____

Physician's Address: _____

Please list and explain any medical conditions, medications, or allergies: _____

Please complete the following insurance coverage information:

Name of insurance company: _____

Employee Name: _____

Employee company name and address: _____

Group Policy Number: _____

Policy Number: _____

Or attach a photocopy of the card's front and back to this form

Authorization to Dispense Prescription Medicine:

I hereby authorize the medical staff at Navajoland Baptist Youth Camp to dispense the following medicines:

_____	_____	_____
<i>Prescription</i>	<i>Dosage</i>	<i>Times</i>
_____	_____	_____
<i>Prescription</i>	<i>Dosage</i>	<i>Times</i>
_____	_____	_____
<i>Prescription</i>	<i>Dosage</i>	<i>Times</i>
_____	_____	_____
<i>Prescription</i>	<i>Dosage</i>	<i>Times</i>

Parental Consent

I give my consent for the above named camper to attend Navajoland Baptist Youth Camp located on the grounds of Solid Rock Baptist Church and within the Nazlini Community. My child may participate in all camp activities. Photograph images and videos of participants in camp activities may be used in official Navajoland Baptist Youth Camp promotional literature. I/We will not hold the organization, its sponsors or any camp affiliate liable in case of sickness, injury, or loss of property. I/We give consent for our child to receive emergency medical treatment if necessary. We also agree to abide by all camp rules and regulations. The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/ or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic test, et.), for the above named child, which may be required during above named child’s stay at camp. This consent serves as permission for treatment by any medical facility that Navajoland Baptist Youth Camp and its counselors deem proper and necessary. Note: Consents are not required in emergency situations, I agree to pay for all services provided to my child while they are at camp.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Relationship to Camper: _____

Camper Signature: _____

A ministry of Navajoland Baptist Missions
(928) 299-1707 / P.O. Box 232 / Ganado, AZ 86505
Email: joelandfabi@yahoo.com