

Operations, serious illness or broken bones within the last 6 months: _____

Have you been under the care of a doctor in the last 3 months? _____

If yes, for what reason? _____

Has the doctor given you any dietary or activity restrictions? _____

If yes, for what reason? _____

Are you taking any medications? _____ If yes, give name, dosage & frequency:

ALLERGIES: Please indicate YES or NO. If YES, indicate severity of reaction.

_____ Poison oak/ivy _____ Bee sting
_____ Insect bites _____ Penicillin
_____ Other medicines (specify) _____
_____ Other (specify) _____

NOTE: **If your medical condition changes, please notify us.**

*PLEASE READ AND SIGN

IF UNDER 18, A PARENT OR GUARDIAN MUST READ AND SIGN ALSO

I hereby authorize the release of any medical information necessary for insurance purposes to **Joy El Ministries**. **Joy El** will in no way be responsible for medical treatment of liability resulting from physical conditions existing prior to the person coming to camp. In the event of an emergency and you cannot be located and there is a need for the hospital and/or doctor to treat and/or operate, do we have your permission?

_____ YES _____ NO

SIGNATURE (IN INK)

DATE

PARENT/GUARDIAN/S SIGNATURE (if under 18)