



LANCER ATHLETIC CAMPS

Medical Release & Emergency Contact Information

Personal Information			
Name:		Grade:	
Address:			
City:		State:	Zip:
Phone:		Email:	
Medical Information			
Allergies or Known Medical Conditions: (Please list or explain)			
Emergency Contact Information			
Emergency Contact:			
Home Phone:			
Work Phone:			
Cell Phone:			
Parent/Guardian Name(s):			
Family Physician:			
Physician's Phone:			
Insurance Information			
Insurance Carrier:			
Policy Number:			

I, _____, parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under then-existing circumstances and to assume the expenses of such care. By signing, I release Oakland Christian School, its employees and volunteer representatives from liability for personal injury, property damage, or loss.

Signature: _____ Date: _____

Lancer Athletic Camps

Dennis Hopkins
248-421-5437
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"Raging Fire"
Matt. 4:14-16

