

Passport, Inc. Camper Medical Release Form

(Please fill out as clearly as possible in black or dark blue ink only)

Name _____ Age _____ Date of Birth _____

Parent or Legal Guardian Name _____

Parent Email _____ Camper's Grade (prior to this summer) _____

Address _____ City _____ ST _____ ZIP _____

Phone (hm#) _____ (wk#) _____ (cell #) _____

My child will be attending PASSPORT with _____ Church.

Please fill out one of the following:

_____ We are currently members of _____ Church.

_____ We are not members of any church.

I (Parent or Legal Guardian), _____ do hereby give my

permission for my child, _____
to receive emergency medical care. In addition, I will not hold Passport, Inc., responsible for any expense, claims,
or liability arising from an injury to my child.

Throughout a session of PASSPORT, a photographer and videographer may take footage that could be used in
future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my
child's image(s) in future promotional materials. If I choose not to allow Passport to display images of my child, I
will indicate so by crossing out the previous sentence.

Signed _____ Dated _____
(do not sign except in presence of Notary)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature _____

Dated _____ Seal of Notary _____ My Commission Expires _____

NOTE: Passport requires the following information to be submitted either on this form or with a form you have submitted to
your church. All information must be complete and current.

Medication (currently using) _____

Allergies _____

Family Doctor _____ Address _____

City, ST, ZIP _____ Phone _____

Insurance Carrier for Child _____ Policy # _____

Policy Holder's Social Security # _____ Date of last Tetanus shot _____

Camper's Social Security # (optional but may be requested by hospital) _____