

**OBA CAMPGROUND
MEDICAL RELEASE FORM**

Camper Name: _____

Parent/Guardian Name: _____ Phone: _____

Allergies: _____

Medical Conditions: _____

Prescription Medications: _____

Physician Name: _____ Physician Phone: _____

Insurance Company: _____

Policy #/ Group #: _____

I hereby give my permission for my child, _____, to attend and participate in Ouachita Baptist Church

Camps at the OBA Campground. I do consent that OBA Camp Staff may secure medical attention for healthcare for my child when such attention or care is desirable or necessary.

I do hereby release, wave, and discharge Ouachita Baptist Association and OBA Campground Staff of all liability whatsoever arising from any injury or illness my child sustains while attending or because of attending this camp.

Signature of Parent/Guardian: _____ Date: _____