

2026 TEE PEE CAMP MEDICAL AND PERMISSION FORM

Child's name _____ Birthdate _____

Parent/Guardian name(s) _____

Address _____

Email _____

Phone to try 1st _____ 2nd _____

Alternate person to call in case of emergency:

Name _____ Phone _____

Doctor's name _____ Phone _____

Insurance name _____ # _____

Does your child have any physical limitations? Please explain.

Is your child allergic to anything (medications, bees, foods, etc.)? Please describe the allergic reaction and treatment required.

Does your child take prescription medication? Please list type, dosage and schedule. Please give any medication to the camp director.

Do you give permission for your child to take non-prescription medication?

Yes _____ No _____

Please note here anything else you would like us to know about your child?

I give permission for my child, _____,

to attend Tee Pee Camp at Lazy F with Wellspring Christian Fellowship on

July 31-August 2, 2026. This includes permission to:

--participate in all camp activities;

--ride in the church van or a private vehicle driven by an adult;

--receive any medications listed previously;

--receive medical treatment should it be deemed necessary and a parent/guardian is unavailable.

I also grant permission to use my child's picture in Wellspring promotions (names will not be used).

I release Wellspring Christian Fellowship and its representatives from any liability should injury or accident occur.

Signed : _____ (parent or guardian)

Print name: _____

Date: _____