



## Medical Treatment Consent Form & Hospitalization Insurance Coverage Information

(Copy of Insurance Card **must** be attached)

Campers Name	DOB	Age	
Emergency Contact Name	Home Phone	Cell Phone	Alternate Phone
Medical Conditions/ Disabilities			
Medical Conditions / Allergies			
Food Allergies			
In my absence, I hereby authorize the Director of Camp or his/her appointee to obtain medical treatment which may be deemed necessary for my child. I also hereby authorize any physician called upon by the Director of Camp to render medical treatment that, in his/her judgment may be deemed necessary for the well-being of the child.			
Parent/Guardian Signature (required)		Date	
Insurance Company	Address		
City/State/Zip			
Subscriber ID	Admission Pre-Certification Phone #	Insurance Company Phone #	
Group #	Group Name (Employer)		
Employer Address		City/State/Zip	
<b>Insurance Authorization:</b> I authorize the release of any medical information necessary to process a claim for the dependent named in the Camp Application. I authorize payment of medical benefits to the physician or supplier of services rendered to my dependent.			
Insured's Signature (required)		Date	

*Note: Campers personal insurance is primary coverage. Spirit Life Ministries is not responsible for any expense in excess of camper's personal insurance.*

\*\*\* Please note we will only provide campers with Tylenol, Ibuprofen and Benadryl. Any other medications (prescription, over the counter or vitamins) **MUST** come from home in their original bottle. Please do not send medications in a "days of the week" container. They will not be given, and you will be called to camp to provide original bottles, or you will have to come each time that a medication is administered.

**Permission to give as needed medication:**

I give Beech Springs Youth Camp permission to give said camper Tylenol \_\_\_\_\_, Ibuprofen \_\_\_\_\_, and/or Benadryl \_\_\_\_\_ as needed according to medication guidelines.

**Please initial each medicine that is OK to give.**

**Prescription Medications:** (Each prescription is required to be in a RX bottle with dosage instructions and camper's name.)

- |                                  |               |
|----------------------------------|---------------|
| Prescription Medication 1. _____ | Dosage: _____ |
| 2. _____                         | Dosage: _____ |
| 3. _____                         | Dosage: _____ |
| 4. _____                         | Dosage: _____ |

\*\*\* I will check my camper for head lice and understand that all campers will be checked upon arrival by a staff member. **HEAD LICE POLICY.** Beech Springs Youth Camp has a NO NIT policy regarding head lice. I understand that even if my child has been treated, they will not be allowed to stay if they have nits.

\_\_\_\_\_  
Signature of Parent/Custodian/Guardian

\_\_\_\_\_  
Date

**Registration Fee:** Early Registration is \$135.00 (by 5/6) Late Registration is \$150.00 (after 5/6)

There will be no refunds after June 1 however a substitute may go in that place. Balance is due prior to camp or at check-in. Please be sure to have the proper fees included.

**Please make checks payable to: USCC or Spirit Life Ministries**

**Mail completed Application to:  
Discipleship Ministries, P.O. Box 309, Williamston, SC 29697**

**The Camp physical address is: 115 Beech Springs Church Road, Pelzer, SC 29669**

**OFFICE USE ONLY**

Conference Use Only – Record of Payment		<i>Total Due</i>	
Deposit Rec'd \$	<input type="checkbox"/> Cash Rec'd	<i>Less Deposit</i>	
Check # (if applicable)		<i>Balance Due</i>	
		<i>Paid In Full</i>	