

Ruggles Camp & Retreat Center

Medical Release Form

Is the camper on any medications? Yes _____ No _____

If yes, please list medications, purpose of each, and when taken

Special Restrictions (diet, etc.)

Allergies:

Doctor's name _____

Health Insurance Carries _____

Emergency Contact Number _____

Do NOT release my child to: _____

Parent / Guardian Signature: _____

Camper's signature _____

COMMITMENT:

I, _____, as a camper at Ruggles Youth camp commit myself to the camp this week. I understand that I must stay the entire time and can only leave if there is a family emergency. I also will let my family and friends know that they can only visit after the tabernacle services each night for 15 minutes after the service. I understand what items are not allowed at camp. I also will respect the camp staff and other campers by my word and conduct.

Camper's signature: _____

I, _____, the parent / guardian of the camper have read the rules regarding my child's **COMMITMENT** to camp during this week and will honor that commitment. I also understand what my child is allowed and not allowed to bring to camp. I understand my child may be sent home should his / her conduct negatively affect the other campers.

Parents / Guardian Signature: _____