

**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

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Special Restrictions (diet, etc.)

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Allergies:

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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: \_\_\_\_\_

**Registration form 2 of 3, Medical Release**