



Medical Release and Permission Form

Village Creek Bible Camp

Bike2Camp Trip

AUGUST 9-11, 2024

Name _____ Birth Date _____ Grade in Fall _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ School _____ City _____

In Case of Emergency Contact _____ Phone (____) _____ - _____

Immunizations: Tetanus Current? Y N (circle one) Date Received ____/____/____

Parents/Bikers/Sponsor Certification:

This is to certify that I give my child/self permission to go on the Bike₂Camp Trip to Village Creek Bible Camp. I also give my permission, in case of emergency, to the physician selected by Sue Lyford or other adult sponsor, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child/self as named above. I understand that I am responsible for payment of medical treatment given to myself/my child; therefore, making my insurance the primary insurance policy and the association church which myself/ my child is with, the secondary carrier.

Parent/Guardian or Adult Biker/Sponsor Signature _____

Date _____

Please list any medication the above biker is allergic to and any medication he/she is presently using on a regular basis. Indicate, in detail, the frequency and doses of medication.

Medical Insurance Company _____

Address _____ City _____ State _____ Zip _____

Policy Number _____ Phone Number _____

******* Bikers and sponsor sign below*******

I agree to abide by all Bike Trip and Village Creek Bible Camp rules. I also understand that I must pay for any lost or damaged items of a campsite, restaurant, park or camp property.

Biker Signature _____ Date _____

BRING THIS FORM WITH YOU on Friday, August 11. All registered bikers and adult sponsors must have a medical release form turned in the day of departure in case of medical emergency. We need the form with us on the trip!