

Fruitland Bible Camp

Medical Release/Info Form



Parent/Guardian: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Information & Special Need

Name(s)

Parent/Guardian Signature & Date

**Any Medical
Special Needs?**

Yes

No

If yes...

**be specific on
Medical Release
form and speak to
the registrar
directly.**

**ALL YOUTH UNDER
18YRS OF AGE
MUST HAVE THEIR
MEDICAL RELEASE
FORMS
COMPLETED WITH
THEIR
REGISTRATION.
NO EXCEPTIONS!**

OTHER INFO: