2026 S.M.I.T.E. MEDICAL TREATMENT AND LIABILITY RELEASE
MILLDALE BAPTIST CAMP, ZACHARY, LOUISIANA MAY 24-29, 2026

Name_____
LAST *FIRST* *MIDDLE*

Home Phone ( )_____ Parent's Cell ( )_____

Emergency Contact other than parents: _____

Home Phone ( )_____ Cell ( )_____

Relationship to Camper: _____

INSURANCE INFORMATION:

Family Insurance Company: _____ Phone ( ) _____

Group Number _____ Policy Number _____

Policy Holder's Name _____

Family Physician_____ Phone ( ) _____

LIST OF MEDICATIONS CAMPER WILL BE TAKING:

MUST BE IN ORIGINAL CONTAINER WITH RX ON PRESCRIPTION CONTAINER

Name of Medication	*Reason given?*	*When given*	*Dosage*	*How given?*

ALLERGIES: If allergic to any medications, please specify: _____

_____

PHYSICAL LIMITATIONS: If there are any physical limitations or instructions, please comment: _____

_____

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the S.M.I.T.E. nurse, director, or staff member to administer the medicines listed above, as indicated. In case of emergency, I request and authorize them to secure proper medical treatment for the above named person.

I hereby grant ( ) do not grant ( ) permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, Benadryl, etc.) to be given to my child if deemed appropriate during the normal camp activities.

I understand that I am responsible for accident and medical insurance if needed in route to and from S.M.I.T.E. and throughout the duration of the Institute. I freely and voluntarily fully release and hold harmless S.M.I.T.E. and Milldale Baptist Camp, its employees and regents, from any liability in the event of injury or accident to the above named person during the 2026 S.M.I.T.E. and other related activity during the summer.

Signed, parent or legal guardian_____ Date _____

Relationship _____ Phone ( )_____ Cell ( )_____