



CAMPER INFO AND MEDICAL AUTHORIZATION FORM

This form must be completed and turned in to your youth pastor before you leave for camp. Please ensure the information submitted is complete and accurate. One form should be filled out for every camper, including adults, and cell group leaders.

Church Name: _____

Camper Name (First/Last): _____

DOB: _____

Gender: **M / F**

Age: _____

Grade Completed: _____

Will you be taking any medicine while at camp? If yes, please fill out the following:

1. _____
(Medicine, Dosage, Time of Day)

2. _____
(Medicine, Dosage, Time of Day)

In case of emergency please contact: (Required)

1. _____
(Name) (Phone) (Relationship)

2. _____
(Name) (Phone) (Relationship)



Bogg Springs Baptist Camp

290 US-278 Wickes, AR 71973