



Lake Cumberland Area Emmaus/Chrysalis Community

MEDICAL RELEASE FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Carrier:

\_\_\_\_\_ ID# \_\_\_\_\_

PMH: \_\_\_ Diabetes (\_\_\_ Insulin?) \_\_\_ Seizures (\_\_\_ Diastat?) \_\_\_ Asthma (\_\_\_ Emergency Inhaler?)  
\_\_\_ Heart Problems (\_\_\_ NTG?) Please be sure to check all that apply

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_ Epi Pen? \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Pertinent Information/Significant Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of the civil code of the State of Kentucky, I the undersigned, do hereby authorize as agents, Mark Shelton camp supervisor or the Board of Directors or their designee of the Lake Cumberland Area Emmaus/Chrysalis Community to consent to any treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the medical Practice Act, or by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care required, but is given to provide authority to give care which any physician may, in the exercise of his/her best judgment, deem advisable.

I further authorize, that any Lake Cumberland Area Emmaus/Chrysalis Community leaders that have active status as Emergency Medical Technicians, may perform care up to the level in which they are allowed, if deemed necessary by them.

I also allow any hospital or medical facility which has provided treatment, to surrender physical custody to my above named agent upon completion of treatment. This authorization is given pursuant to the Health and Safety Code. I do hereby release Lake Cumberland Area Emmaus/Chrysalis Community Board of Directors/ Camp Mountain View or its designee from liability in case of accident.

These authorizations shall remain in effect until revoked in writing and delivered to the said agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_