

# Camp Oro Quay

"A Division of Singing Hills Ministries"

1441 State Highway 344 Sandia Park, New Mexico 87047  
(505) 281-5474



## Permission to Treat / Release

### General Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Group name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
In case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Medical Information

Previous operations or serious illnesses. \_\_\_\_\_  
Current medication ( list) \_\_\_\_\_

Allergies; Food \_\_\_\_\_  
Insect stings and / or bites \_\_\_\_\_  
Medications \_\_\_\_\_  
Other \_\_\_\_\_

Please tell us if there are any medical concern with which we should be make aware. Such as Asthma \_\_\_\_\_, Sinusitis \_\_\_\_\_, Bronchitis \_\_\_\_\_, Diabetes \_\_\_\_\_, Hay Fever \_\_\_\_\_, etc.

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

### Permission for Treatment / Release

Permission is granted for any of the group sponsors and of staff of Camp Oro Quay / Singing Hills Ministries to obtain necessary medical attention in case of sickness or injury to the above.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Singing Hills Ministries or it's agents and staff of Camp Oro Quay, from any and all claims, demands, actions or causes of action, past, present or future arising out of any damage or injury while employed by, visiting, or participating in activities at the camp. I also give permission for any photograph or video of my child while at camp to be used in marketing for promotional printed / digital material.

Printed Name of Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Form must be completed and signed.**