



**DEER RUN RETREAT CENTER
DEER RUN CHRISTIAN CAMPS**

3845 Perkins Road
Thompson's Station, TN 37179

E-mail Contact@DeerRunRetreat.org
Phone 615-794-2918

www.DeerRunRetreat.org
Camps.DeerRunRetreat.org

**Instructions for
GROUPS:**

Group Leader: Provide a copy to each participant in your group.

Participants: Return completed forms to the Group Leader unless told differently by the group leader.

Group Leader: MAIL OR hand deliver (**DO NOT FAX**) the 2-page completed Medical Release forms to Deer Run Retreat **NO LATER THAN 14 DAYS BEFORE** your camp or retreat start date.

Please put all completed forms in **alphabetical order** when mailing to Deer Run.

MEDICAL RELEASE FORM

Please PRINT clearly. All information provided on this form is kept confidential.

Name _____

Address _____

City/State/Zip _____

Email Address _____

Birth Date _____ Age _____ Phone Home Cell _____

Primary Physician _____ Phone _____

Address _____

City/State/Zip _____

In An Emergency Notify _____

Relationship _____ Phone _____

List any physical problems, limitations, major operations, or serious injuries you have had within the last 2 years. Include an explanation if needed. (ex: bone or joint injuries, diabetes or hypoglycemia, back problems, high blood pressure, respiratory problems)

SPECIAL NEEDS: Please describe special needs so our staff will be prepared.

ALLERGIES: Please list any food, drug, or insect allergies.

Fill in the following information or provide a legible copy of your insurance card.

Medical Insurance Company _____

Subscriber Name _____

Subscriber I.D.# _____ Group # _____

I give Deer Run Retreat Center and/or Deer Run Christian Camps permission to engage medical help for me or my dependent child should an emergency medical situation arise while attending or participating in any retreat, event, or camp with said organization. I certify that the above information is accurate and complete to the best of my knowledge.

Signature _____ Date _____
(parent or legal guardian if a minor)

PARENT OR LEGAL GUARDIAN OF MINORS: I give Deer Run Retreat and/or Deer Run Christian Camps permission to administer first aid to my child including over-the-counter drugs for minor headaches or aches, wounds, stings, stomach virus, etc. in case of an illness or accident. [Note: Any allergies to medications should be listed on page 2.]

Signature _____ Date _____

NOTARY REQUIRED IF THE ATTENDEE IS YOUNGER THAN 18 YEARS OF AGE.

_____ sworn to and subscribed before me
on this the _____ day of _____, 20____.

Notary Public Signature

My Commission Expires