

**Medical Release**

I hereby give permission for medical treatment for

\_\_\_\_\_  
Signature of Parent/Guardian

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

Contact #: \_\_\_\_\_

Parents, the following must be completed. If you have no insurance on your child write "no insurance." Each camper is covered under our insurance as secondary coverage unless the camper has other coverage.

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Current Medication being taken

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

We also need a copy (front and back) of your insurance card

**Student Photo Release**

I agree that SC Wesleyan Youth may use such photographs of my child with or without my name and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and web content.

\_\_\_\_\_  
Signature of Parent/Guardian

SCWY CAMPS  
Jody Reynolds  
6380 W. Oak Hwy  
Westminster, SC 29693

BACK  
in the  
AWAY