

Abilene Christian University  
*Weekend Campaigns 2011-12*

**Medical Information &  
 Release for Medical Care**

Campaigner \_\_\_\_\_

ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>EMERGENCY</b>		Father/Guardian	Mother/Guardian	Emergency Contact
	Name			
	Address			
	Home Phone			
	Work Phone			
Person responsible for medical expenses:				
<b>INSURANCE</b>	Company	Plan Number		
	Address	Group Name/Number		
		Insured ID Number		
<b>MEDICAL</b>	Date of last Tetanus shot _____			
	State allergies, physical restrictions, heart conditions, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions _____			
	Medications currently taking _____			
<b>RELEASE</b>	<p>By signing below, I declare that there are no medical conditions that would prevent me from participating in weekend campaigns. I also give permission to ACU, the campaign leaders, or the campaign host to obtain emergency hospitalization, surgical or other medical care for me. I further state that I am of legal age and legally competent to execute this agreement. I understand that this agreement remains in effect until I revoke it, or until the end of the 2007-2008 school year.</p>			
	_____ Campaigner	_____ Date		
_____ Campaigner's Parent or Guardian (If Under 18)	_____ Date			