Greenbrier Christian Retreat

A ministry of Lewisburg Baptist Church
246 Grand Avenue
Lewisburg, WV 24901
Greenbrierchristianretreat.com
(681) 303-0090 / (304) 392-6092



Drug allergies or other allergic reactions ___

Camper InformationName

sirthday Age □Male □Female	Dietary needs / restrictions
ddress	Pre-existing conditions
rity State Zip mail	Parent / Guardian Information (only 1 required) Name
hone: Home Cell	Relationship to Camper
Grade for upcoming school year	Email
hurch Name	Emergency Contact Phone Numbers:
	Primary
Medical Information	Secondary
Camper Physician	Name
hone	Relationship to Camper
Campers must be immunized against: Mumps, Measles, Whooping	Email
Cough, Polio, Diphtheria, Rubella, Tetanus	Emergency Contact Phone Numbers:
etanus current? Yes No	Primary
Reason for taking medication	Secondary
	Insurance Information Insurance Company Name
	Policy / Group ID
	Cardholder Name
lealth or Behavioral concerns that you would like our staff to know bout your child	I DO NOT WISH MY CHILD TO PARTICIPATE IN:
ffort will be made to contact parents or guardians of campers. In the event	ian Retreat in the dress and conduct regulations for my child. I also give camper in camp publicity. In case of medical emergency, I understand that eve I cannot be reached, I hereby give permission to the physician selected by the see to the transportation of my child for activities at Greenbrier Christian Retreat
Parent / Guardian Signature - Date	