

Hi-Line Lake Resort  
1106 Hi-Line Drive  
Tow, TX 78672  
325-379-1065 or 325-423-1084  
[www.hilinelakeresort.com](http://www.hilinelakeresort.com) email – [info@hilinelakeresort.com](mailto:info@hilinelakeresort.com)

## Student Medical Release Form

Please complete form in its entirety and return to your group contact person. Please do not mail to Hi-Line Lake Resort. Parent or legal guardian signature is required. Please write legibly. The completed Medical Release form is a required document authorizing entrance to Hi-Line Lake Resort and participation in camp activities. Hi-Line Lake Resort must receive this form upon arrival.

Camper's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Email \_\_\_\_\_  
Phone Number Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_  
Name of Church with whom you are attending \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent/Legal Guardian Phone Number \_\_\_\_\_ Other \_\_\_\_\_

### Medical Information

In the event of an accident or special health needs, it will be necessary for us to have the requested information.  
Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition \_\_\_\_\_  
Medications you take occasionally \_\_\_\_\_  
Do you plan to bring these or any other medications to camp with you? \_\_\_\_\_  
Recent injury, surgery, or chronic medical condition? \_\_\_\_\_  
Person to notify in event of emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number: Day Time \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Plan or Group # \_\_\_\_\_  
Insurance ID or Member # \_\_\_\_\_ Ins Co Phone \_\_\_\_\_

Please attach a photocopy of your family medical insurance card.

I \_\_\_\_\_ being the legal guardian of \_\_\_\_\_  
Give my permission to Hi-Line Lake Resort management and group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Hi-Line Lake Resort sponsored activities.

X \_\_\_\_\_  
Required Parent or Legal Guardian Signature Date Phone Number