



Medical Release

CAMPER INFORMATION:

Child Name *

First Name Last Name

Birth Date



Month Day Year

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

PARENT/GUARDIAN INFORMATION:

Parent/Guardian (#1) Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

Email *

example@example.com

City

State / Province

Phone Number (Best Reached at) *

Postal / Zip Code

Area Code

Phone Number

Secondary Phone Number *

Area Code

Phone Number

(2) Parent/Guardian Name *

First Name

Last Name

(2) Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

(2) Primary Phone *

Area Code

Phone Number

(2) Secondary Phone *

Area Code Phone Number

Alternative Emergency Contact

Emergency Contact Name *

First Name Last Name

Primary Phone *

Area Code Phone Number

Secondary Phone *

Area Code Phone Number

Relationship to Child *

Alternative Emergency Contact

#2

(2) Emergency Contact Name *

First Name Last Name

Phone Number (Best reached at) *

Area Code Phone Number

Secondary Phone Number *

Area Code Phone Number

Relationship to Child *

MEDICAL INFORMATION

Physician Name *

First Name Last Name

Physician Phone Number *

Physician Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Dentist's Name *

Dentist Phone Number *

Area Code Phone Number

Hospital/Clinic Preference *

Health Insurance Provider *

Policy Number *

Medical Concerns:

Please list any medical problems, including any requiring maintenance (ie diabetic, asthma, seizures) Include: Medical Problem, required treatment & when/if a paramedic should be called.

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? *

YES

No

If Yes, please explain:

Parent/ Guardians are required come to camp to administer medications during the day, if needed. Please plan to arrive during lunch hours 12:00-1:00 if possible.

Is your child allergic to any type of food or medication? *

YES

No

If Yes, please explain:

Please submit your child's most recent Physical (dated within 2 calendar years) and up to date Immunization records. These Records must be on file prior to the first day of camp or the child will not be admitted.

Include allergy, severity and action to be taken if reaction occurs.

By signing below, I authorize all medical treatment and/or medical procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applied only in the event that neither parent or guardian can be reached in case of an emergency.

Name of Parent/ Guardian signing above *

First Name Last Name

Today's Date *



Month Day Year