

Medical Release Form

Camper's Name _____ Date of Birth ___/___/___ Age ____
Address _____ Telephone (____) _____
City/State/Zip _____

Name of Parent or Legal Guardian _____
Address _____ Telephone (____) _____
City/State/Zip _____ Work(____) _____

Where can parent/guardian be reached during camp? _____
Name of camper's physician _____ Phone (____) _____
Address _____ City/State/Zip _____

Health Insurance _____
Identification Number _____

Please list two people who may be contacted in case parent/guardian cannot be reached in an emergency:

Name _____ Relationship _____ Phone(____) _____
Name _____ Relationship _____ Phone(____) _____

General Health and Medical History

- List any chronic or long-term illness:** _____
- Serious Injuries or Surgeries:** _____
- Known Allergies:** foods _____ drugs _____
Plants _____ animals _____
Other _____
Explain reaction and indicate medication used or other action to be taken:

- Explain any physical/medical conditions that we should be aware of:** _____

Medication

Is camper bringing medication to camp? Yes ____ No ____
If yes, please list all medications on back of this form. **Medication must be in pharmacy container with patient's name and the dosage instructions on it.** If dosage instructions are different, please note, and sign your name.

Restrictions

Does camper have any activity restrictions? Yes ____ No ____
If yes, please specify: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp officials or camp nurse to provide necessary emergency medical or surgical treatment.
Signed _____ **parent/guardian** **Date** _____