

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of injury, sickness etc., under the direction of the person (s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the duration of the camp week August 19 through August 25, 2006.

PARENT/GUARDIAN INFORMATION

NAME _____ **HOME PHONE** _____

ADDRESS _____

CELL/PAGER _____ **INSURANCE COMPANY** _____

POLICY NUMBER _____

In case I cannot be reached, in the event of an emergency, any of the following person(s) is designated to act on my behalf;

Director: Karen Cammer

Director: David Mindlin

Mr/Mrs. _____ Relationship to camper: _____

Phone: _____ Cell/Pager: _____

PHYSICIAN: _____ **PHONE:** _____

ADDRESS: _____

KNOWN ALLERGIES: _____

MEDICATIONS: _____

Time Administered: _____ **Specifications with/without food:** _____

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____