

# Summer Camp Medical Release Form



## **Basic Information**

Child's Full Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## **Emergency Contact Information**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Medical Information: (MUST be completed)**

Doctor/Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Any Medications:

Is there any additional medical information we should know about your child?

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## Statement

I acknowledge that my child's experience in the summer program at Doe Valley Day Camp will be outdoors, sometimes in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak and bees. I further acknowledge that the site and it's staff are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating in the outdoor activities. My signature below authorizes the staff at Doe Valley Day Camp to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date