

Dates Attending Program: \_\_\_\_\_ Program: \_\_\_\_\_

## MEDICAL INFORMATION & RELEASE FORM

This form must be filled out in its entirety for participation in any camp/program.

### Participant Information

Participant's Legal Name: \_\_\_\_\_ Gender: M  F   
Last First M.I.

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Carrier and Policy/Group #: \_\_\_\_\_

Name of Insured/Relationship to Participant: \_\_\_\_\_

Participants Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact

Parent/Guardian: \_\_\_\_\_ Additional Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

### General Health Information

My child's allergies, physical or medical conditions, and current medication(s) are as follows:

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As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_