



## 2011 Medical Release Form

Camp: \_\_\_\_\_

Group (if applicable): \_\_\_\_\_ Month/Year of Camp: \_\_\_\_\_/\_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian(s) Phone: \_\_\_\_\_

Relative or Emergency contact(s) (names and phone):

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Medical Limitations/Allergies: (use the back of the page if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I give permission for my child to receive over-the-counter pain reliever (i.e. acetaminophen) from event first aid personnel if needed with any exceptions listed on this form.

Factors affecting participation (if any):

\_\_\_\_\_

\_\_\_\_\_

Current Medications (medication & when taken):

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Insurance: \_\_\_\_\_

I authorize medical treatment as needed for this camper/child. It is understood that this authorization is given in advance of any specific diagnosis or treatment. I hereby waive all claims against and hold harmless the High Plains Retreat Center and its staff/leaders from any liability for any injuries received by this camper while participating in camp programs. The camper listed has permission to participate in all activities including transportation and water activities. I understand that campers who do not cooperate with leaders or abide by camp rules may be asked to leave. Parents will be responsible for transportation and transportation costs if the camper is sent home.

[ ] I agree for photos of this camper to be used in promotional materials.

Parent signature: \_\_\_\_\_ Camper signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_