



medical information RELEASE FORM Summer 2026 Camps

Camper's Name: _____ Male or Female

Medicare Number: _____ Expiry Date: _____

Mailing Address: _____

Family Doctor: _____ Phone: _____

Please note and describe any condition the camper may have, either *physical or mental* (i.e. diabetes, bedwetting, asthma, homesickness, short temper, heart disease, sleepwalking, etc.)

Any allergies? No Yes Any food allergies or sensitivities? No Yes

Any additional information about the camper for the staff? _____

Is the child bringing prescription and/or non-prescription (over-the counter) medication?

The signature of the parent/ guardian on this application shall give the Camp Director the right to obtain medical services necessary for the camper's welfare and good health, in an emergency situation. In such a situation, the camp will notify the parent/ guardian as soon as possible. The parents / guardians are responsible for any additional expenses that may result from such medical services. I give authorization to the Camp Director to administer acetaminophen, Ibuprofen and/or over-the counter medication, if required.

Parent or Guardian (Please print) _____ Date: _____

Signature of Parent/Guardian: _____