



# medical information RELEASE FORM Summer 2024 Camps

Camper's Name: \_\_\_\_\_ Male or Female

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

CoVid Vaccination date(s): \_\_\_\_\_

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: \_\_\_\_\_