

"The Day Camp at Plum Creek" Medical Release Form



Name of Minor Child: _____ Age: _____

Child's Date of Birth: _____

Child's Address: _____

By my signature, I give permission for the above named to attend the Day Camp at Plum Creek (herein referred to as DC@PC) and to participate in all Day Camp program activities which entail bus/van transport or walking. Should medical care be needed, an effort will be made to contact the Parent, Guardian, or additional emergency contact. In case of routine medical need or an emergency, I hereby give my permission to the DC@PC's Director or their designate to seek proper treatment by the camp health officer or a licensed physician selected by DCPC to hospitalize or secure treatment for the camper named on this form.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that DC@PC shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by DC@PC. I understand that this form is in effect from the date signed and that it is my responsibility to inform DC@PC of any changes to this form. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in DC@PC programs and to be photographed for use by DC@PC in advertising and public relations.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work or Cell Phone: _____

Additional Emergency Contact in case parent/guardian cannot be reached:

Name: _____ Relationship: _____

Phone Numbers: _____

Please list any other additional emergency contacts on the back of this sheet.

Date of Minor's Last Tetanus Shot: _____

List Current Medications and Dosages: _____

Allergies (environmental, medication, and food): _____

Medical history or other important facts that should be known: _____

Name of Minor's Physician: _____

Physician's Phone: _____

In case of emergency, what is your first preference for camper's transfer to a hospital? (List name of Hospital)

In event of accident please list your insurance carrier and policy number.

Name of Insurance: _____

Policy Number: _____

A prescription is needed from your family physician for the camp's RN to administer medications to your camper.