

# Riley's Farm Day Camp Medical Release Form

(to be filled out by parent or guardian)

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medical Needs/Conditions: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Authorization:** I \_\_\_\_\_  
parent/guardian hereby give permission to the medical personnel selected by  
the camp director to order x-rays, routine tests and treatment for \_\_\_\_\_,  
camper and in the event I cannot be  
reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to  
order injections or anesthesia and/or surgery for the camper named above. This form may be used out of camp, or off  
the Riley's Farm premise.

Signature of parent/gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_