

Dwyer's Adventure Camp Medical Release Form

First Name _____ Last Name _____

Birthday ____ / ____ / ____ Age _____ Grade this Fall _____ Gender _____

Address _____ City _____ Zip _____

Parent Information:

Parent One: First Name _____ Last Name _____

Phone _____ Alt. Phone _____

Parent Two: First Name _____ Last Name _____

Phone _____ Alt. Phone _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone _____ Alt. Phone _____

Doctor _____ Phone _____

List any medical concerns over the last 2 years that we should be aware of, i.e.: surgeries, psychological, heart condition, convulsions/seizures, blood disorders, hypertension, mono, broken bones, hospitalizations etc.

Activity Restrictions by parent's/physician's advice _____

Other information we need to know _____

ALLERGIES: _ Hay Fever _ Poison Ivy _ Insect Stings _ Food: _____

_ Asthma _ Penicillin _ Other Drugs: _____

Medications brought to camp: _____

Notes on administering medication(s): _____

Acetaminophen, Ibuprofen, antacids, anti-diarrhea medication, and first aid **MAY / MAY NOT (CIRCLE ONE)** be administered to my child, as needed, by designated staff members.

AUTHORIZATIONS:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I also give permission to the medical personnel selected by Dwyer's Adventure Camps to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I give permission to the physician selected by Dwyer's Adventure Camps to transport, hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

Signature of Parent/Guardian _____ Date _____

Home Phone _____