MEDICAL/PERMISSION & RELEASE FORM FOR THE SEEDS OF HOPE SUMMER CAMP
July 11-15, 2011 Application Referral Code (1, 2, 3, 4, or 5)

(Adult/Youth)

Participant's Name _____Age ___ Shirt Size (A/Y) _____
Address _____
City _____ State_____ Zip_____ Family Phone _____
Legal Guardians' Name(s): _____
*****Please attach copies of picture identification for all parties responsible for pick up of your child**
Daytime Phone_____ Cell Phone _____
In Case of Emergency call _____ Phone _____
Family Physician _____ Phone _____
Participant's Insurance Company _____ Policy No. _____
*****Please attach a copy, front and back of the child's insurance card**
Immunizations: Date of Last Tetanus: _____ (List m/y if possible or state current)
_____ Polio Booster, _____ Measles, _____ Mumps, _____Other (specify)_____
****

Past Medical History

Does/has the participant experienced any of the following medical conditions? (Please check all that apply, explain, and note see back of form if needed.)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble
_____ Heart trouble _____ Diabetes _____ Dizziness _____ Headaches
_____ Allergies _____ Other (specify)_____ _____ Epilepsy

Has the participant ever had an allergic reaction to:
_____ Food (specify)_____ Medication (specify)_____
Special Dietary Needs _____
Please list all current medications: _____
_____
List medications that can or need to be administered by staff during camp and for what conditions. Note, even medications treating headaches must be listed. Condition _____
Dosage_____Med. Type/Name _____
Please list any information that might assist us in making your child's week more successful such as fears or special needs: _____

****

Permission for Treatment

In the event of a medical emergency or need (sickness or injury), I _____ (child's legal guardian) give the acting camp staff permission to act on my behalf in the best interest of my child to obtain medical treatment (A guardian will be notified immediately if any medical emergency occurs).

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Permission for Release

(Child/Children's Names) _____

_____

May be picked up by the following people from the Seeds of Hope Summer Camp July 11-15, 2011

_____, _____, _____

_____, _____, _____

*****Please attach copies of picture identification for all parties responsible for pick up of your child**

(Child/Children's Names) _____

_____

May **NOT** be picked up by the following people from the Seeds of Hope Summer Camp July 11-15, 2011

_____, _____, _____

_____, _____, _____

Insurance Release

I, the undersigned, do hereby verify that the above information is correct and do hereby release and forever discharge all staff, chaperones, Mt. Olive Elementary School and Seeds of Hope camp representatives of King, North Carolina, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the Seeds of Hope Summer Camp July 11-15, 2011.

Name of Parent/Guardian (Print) _____Signature _____

Dated this _____ day of _____, 2011.

To be complete by camp staff:

Date	Person dropping child off/ ID verified by:	Person picking child up/ ID verified by:	Medications checked in/ Medications checked out	
July 11th				
July 12th				
July 13th				
July 14th				
July 15th				