

MEDICAL RELEASE FORM

Name _____ Age _____ Grade _____ (Fall 2009)

Address _____

Phone Numbers: _____ School _____

Camp(s) Attending: _____

CONSENT TO MEDICAL TREATMENT/HOLD HARMLESS PHYSICIAN'S STATEMENT

I hereby certify that _____ has no restrictions which would prevent him/her from active participation in any and all activities related to the camp(s).

Physician's Signature: _____ Date: _____
(Copy of current school physical acceptable in lieu of physician's signature)

MEDICAL INSURANCE INFORMATION

Company Name: _____ Policy Number: _____

Group #: _____ Phone Number: _____

Insurer's Name: _____

I hereby authorize the directors of the camp and its staff to act for me according to their best judgment in any emergency requiring medical attention. And I hereby waive and release Gadsden State Community College, the camp, and staff from any and all liability for any injuries incurred while at the camp.

Parent's Signature: _____ Date: _____

Americans with Disabilities Act: For individuals with disabilities, requiring special accommodations, please contact the camp director within a minimum of seven (7) days from the first day of camp so the proper consideration may be given to the request.