



# Summer Medical Release Form

Please fill out one per camper

**CHILD'S NAME** \_\_\_\_\_

Birth date \_\_\_\_\_ gender \_\_\_\_\_

Child's Address \_\_\_\_\_

City/zip \_\_\_\_\_

**Grade in school** \_\_\_\_\_

Child's Hebrew name \_\_\_\_\_

**Parent 1 Name** \_\_\_\_\_

Home phone \_\_\_\_\_

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

Cell/pager \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_

Home phone \_\_\_\_\_

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

Cell/pager \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Medical plan \_\_\_\_\_

Policy No./ID# \_\_\_\_\_

**Dentist's name** \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Dental Insurance plan \_\_\_\_\_

Policy No./ID# \_\_\_\_\_

Please list your child's **allergies/food restrictions and reactions** . \_\_\_\_\_

\_\_\_\_\_

Please list **medications** your child uses daily: \_\_\_\_\_

Does your child have an Epi Pen? \_\_\_\_\_ If yes, for what allergic reaction is the pen used? \_\_\_\_\_

Indicate procedure to follow in emergency \_\_\_\_\_

**Special Instructions:** e.g., Student behavior and/or learning problems, etc. \_\_\_\_\_

\_\_\_\_\_

**In the event of an emergency,** you cannot be reached, please list two persons who may be contacted:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

cell phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

cell phone \_\_\_\_\_

**PARENT RELEASE** my child has permission to participate in all activities sponsored by Camp Kadima, to go on trips sponsored by and supervised as a part of the program. If there is any exception and I do not want my child to participate, I will notify the staff in writing. In the event of an accident or medical emergency and I am unable to be contacted, Camp Kadima and it's Directors are hereby authorized to act as my agent to secure emergency medical treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_