

Delaware Arts Conservatory Summer Camp Medical Information and Release Form

A summer camp participant will not be permitted to attend a camp unless this form is completed and returned. On-site registration must have a completed form before participating in camp.

Name _____

Last

First

Middle

Birth Date _____ Sex _____ Age _____

Operations or other serious injuries (list conditions and dates):

Chronic/Recurring Illnesses, or Serious Illness in the past 6 mos. (list conditions/date):

Medications camper is currently taking (please be specific):

Medical History: Does the camper have any of the following? (If yes please explain):

Drug allergies _____

Food allergies _____

Allergies to insect bites _____

Special dietary needs _____

Asthma _____ Frequent headaches, dizziness, seizures _____

Other health problems or limitation of activities _____

Will the camper require any specific treatment while participating in our program?

My child has permission to take the following over the counter medications as needed:

Physician's Information:

Physician's name: _____ Phone: _____

Any other information you feel we should know:

INSURANCE INFORMATION

Insurance Company _____ Policy Holder's Name _____
Policy Holder's S.S# _____ Relation to Camper _____
Policy/GRP# _____ Is Pre-Approval Required? _____
Insurance Co.# (for pre-approval) _____

PARENT/GUARDIAN AUTHORIZATION

The 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 described on the first page.

I, the undersigned, have been informed and agree that during camp, first aid will be administered if necessary by the staff until medical care facilities can be reached. All attempts will be made to contact the parents and/or legal guardian of any child before seeking medical attention. In the event I cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child as named above:

Signature _____ Date _____

Witness _____ Date _____