

# Medical Release Form 2017

**NO CAMPER CAN BE ACCEPTED UNLESS THIS FORM IS PROPERLY COMPLETED.**

I hereby give permission to the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for camper(s) as named below. I also authorize the physicians, nurses, and assistants of the local hospital to perform all treatments and procedures as ordered and deemed necessary in the case of an emergency upon (list name of each camper):

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature of Parent or Legal Guardian for campers under 18)**

Relationship to Camper(s): \_\_\_\_\_

Date: \_\_\_\_\_

Please list any special instructions regarding medical problems or care (such as diabetes, allergies, etc.)