

## HEALTH / RELEASE FORM

### Camp Alpha Health / Waive and Release Form

This form is to be completed by parents/guardians within the current year. Anyone with a known complicating medical problem or who has had an operation, serious illness or convulsive disorder since his/her last health examination should secure a written statement from his/her doctor giving permission to participate in the particular activity. This form should be brought with you on the first day of camp.

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

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Family medical/hospital insurance carrier: \_\_\_\_\_

Health history (check as appropriate):

asthma     diabetes     heart disease     measles     chicken pox     mumps

kidney disease     ear infections     convulsions     German measles

drug allergies (specify) \_\_\_\_\_

food allergies (specify) \_\_\_\_\_

insect sting allergies (specify) \_\_\_\_\_

plant allergies (specify) \_\_\_\_\_

other \_\_\_\_\_

Operations, serious illness, or injury since last physical examination; or other physical conditions:

Comment where applicable:

bed-wetting    constipation    fainting eye    glasses    hearing aid

menstruation    sleep disturbances

Does your child have any special fears (storms, water, insects, etc.)?

Are there any special dietary restrictions that should be observed?

Please list any medications your child is taking.

To the best of my knowledge, the health history listed above is correct and the above named has my permission to engage in all program activities at this event except as noted. I understand that adult supervision will be provided. If a serious illness or injury develops, medical and/or hospital care will be given and that staff members for the activity are not responsible in the event of accidental injury or illness. I further understand that in the event of a medical emergency I will be notified. In the event I cannot be reached, I hereby give my permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for the child as named above.

I hereby waive and release Morris Area Community Education, the City of Morris, and Morris Area School and their employees from any and all liability for any damages or injuries while participating in any activities. I agree to allow Morris Area Community Education to use any photos of me and/or my children for publicity purposes.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_