

BIRCH LEDGE SCIENCE & CULTURE SUMMER CAMP

MEDICAL FORM Polynesia - 2017

Camper Name _____ DOB _____

Parent Contact: Name _____ Tel# _____

*In case of emergency, every effort will be made to contact parents A.S.A.P.
Please designate two EMERGENCY contacts if parents cannot be reached:*

Name: _____ Name: _____

Phone: _____ Phone: _____

.....**MEDICAL INFORMATION**.....

Camper's Physician: _____ Phone # _____

Health Insurance _____ Policy Number _____

Medications which child currently takes on a regular or as-needed basis:

Are there allergies or medical conditions we should know about? Yes _____ No _____

Please specify: _____

Liability Disclaimer

To my knowledge, my child does not have any medical problems that would prevent him/her from participating in this youth camp. I understand that it is my responsibility to obtain medical consent to participate if any health problems are known to exist. It is also my responsibility to inform the staff of any health problems my child might have. In the event of an accident or injury during this youth camp or any organized event that results from this youth camp, I hereby release and hold harmless, Birch Ledge LLC, its agents, and employees against any and all suits, claims, actions and damages arising out of the five-day program, except in the case of gross negligence.

In case of emergency, I give Birch Ledge LLC staff permission to take _____
for medical treatment if necessary during the course of this youth camp.

Parent/Guardian (Print) _____ Date _____

Parent/Guardian (Signature) _____