

Kicking Bear Camp - Emergency Medical Release

Parent or Legal Guardian Name: _____

Address: _____

Phone: () _____ Cell Phone: () _____

Father's Place of Employment:	Phone () _____
Address: _____	
Mother's Place of Employment:	Phone () _____
Address: _____	

Children Participating in Camp (LIMITED to Ages 5 to 15 only)

First Name (and last name, if different from parents)	Does child have any serious health problems? (If yes, identify)

Emergency Contacts (at least TWO besides parents) Include Name/Address/Telephone

May we administer regular first aid including ambulance if deemed appropriate? **Yes** _____ **No** _____

Do you authorize hospital or doctor to administer necessary medical treatment? **Yes** _____ **No** _____

Authorized Signature _____ **Date** _____

Parent or Legal Guardian

Insurance Information: Please attach name of company, policy #, membership, etc. or a photocopy of insurance card(s))

Name of adult responsible for child/children while at camp if different from parent:

Printed Name: _____ Date: _____

Signature: _____