



Michael Finley presents:

Summer Rock Camp

Date Received: _____

(Office Use)

Camp Medical Release Form

Complete and return **before** your child's camp program.

One form per child is required to participate in SRC.

The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in identifying appropriate care. Provide complete information so that the staff can be aware of your child's needs. Any changes to this form should be submitted to camp personnel upon participant's arrival in camp.

Camper's First Name: _____ Last Name: _____

Birth date: _____ Grade Entering: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Parents'/Guardian's First Name: _____ Last Name: _____

Address: _____ Cell #: _____
(If different from above)

Email: _____ Home #: _____

Parents'/Guardians'/Emergency contact First Name: _____ Last Name: _____

Address: _____ Cell #: _____
(If different from above)

Email: _____ Home #: _____

Emergency contact First Name: _____ Last Name: _____

Address: _____ Cell #: _____
(If different from above)

Relationship: _____ Home #: _____

Important—This must be completed for attendance

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless Summer Rock Camp of Palo Alto (SRC), its staff and appointed assistants.

I hereby give permission to Summer Rock Camp of Palo Alto (SRC) to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

Signature of parent or guardian: _____

Printed Name: _____ Date: _____