



# Medical/ Publicity Release Form

# Allandelle

## girl camp

## 2010

### GIRL CAMPER INFORMATION

Girl's Name \_\_\_\_\_

Age: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Date of Birth

Mother's/Guardian's Name \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

\_\_\_\_\_

( ) - ( ) - \_\_\_\_\_

( ) - ( ) - \_\_\_\_\_

Home Phone Work Phone

Home Phone Work Phone

\_\_\_\_\_ Address

\_\_\_\_\_ Address (If different than Mother's)

\_\_\_\_\_ City, ST ZIP Code

\_\_\_\_\_ City, ST ZIP Code

### ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone Work/Cell Phone

Home Phone Work/Cell Phone

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City, ST ZIP Code

\_\_\_\_\_ City, ST ZIP Code

### MEDICAL INFORMATION

\_\_\_\_\_ Hospital/Clinic Preference

\_\_\_\_\_ Physician's Name

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Insurance Company

\_\_\_\_\_ Policy Number

\_\_\_\_\_ Allergies/Special Health Considerations (use back of page if needed)

\* I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Initials

\* I give permission for my child to go to Allandelle Girl Camp. I release Lisa Allan and camp directors/counselors from liability in case of accident during activities related to Allandelle Girl Camp, as long as normal safety procedures have been taken.

Initials

\* I give Lisa Allan & Allandelle Girl Camp permission to use any photographs taken of said child during the Camp Session for Promotional or Advertising Campaigns in the future.

Initials

\_\_\_\_\_ Parent's/Guardian's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parents Email:

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Date