



MEDICAL RELEASE

Name(s) of all adults: _____

Name(s) of all children: _____

In Case of Emergency, please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Medical Conditions/Allergies that we need to be aware of:

Name: _____ Info: _____

Name: _____ Info: _____

Name: _____ Info: _____

Name: _____ Info: _____

Name: _____ Info: _____

Name: _____ Info: _____

Name: _____ Info: _____

Insurance Information that would be needed in an emergency:

The local rescue squad transports to the nearest facility, which is Hampshire Memorial Hospital.

Signature: _____

Date: _____

This Medical Release is for Camp GIZMO 2017: July 8-12, 2017.