



# Health Release Form 2021

Camper's Name (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***This camp complies with the regulations of the Massachusetts Department of Public Health and is licensed by the local board of health.***

## IN CASE OF EMERGENCY

Name of Father \_\_\_\_\_ Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Mother \_\_\_\_\_ Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Other Emergency Contact (print name and number) \_\_\_\_\_

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

Name of Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_

## RELEASE FORM

In the event of an emergency requiring medical attention, I hereby grant permission to the athletic training staff, a physician, or to hospital personnel designated by the camp staff to attend to:

Name of Camper \_\_\_\_\_

I expect every effort will be made to contact me in order to receive my specific authorization prior to any hospitalization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Pediatrician/Physician \_\_\_\_\_ Phone \_\_\_\_\_

***The Health Release form **MUST** have the parents signature, insurance information, and attached an updated physical form with immunization history.***