Health Release Form 2027

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.