

Summer S.T.E.A.M. Camps

Emergency Release Form
All questions must be answered.

Camper's Name: _____ Birth Date: _____

Parent/Guardian Contact Info:

Address	
Home phone	
Work phone	
Cell phone	
Primary Email	

Emergency Contact Info (Person other than parent to call in case of emergency):

Name: _____ Relationship: _____

Phone: _____

List any medical conditions: _____

List any dietary restrictions: _____

List any allergies: _____

List any medications: _____

Medical Emergency Agreement: In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the Dudley-Charlton Regional School District to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child.

Signature of

Parent/Guardian: _____ Date: _____