

MEDICAL RELEASE FORM

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Daytime contact person \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

HEALTH HISTORY (include food allergies, medical, emotional problems, any limitations)

\_\_\_\_\_

Is child taking any medication for any specific reason? No \_\_\_ Yes \_\_\_ If "yes", please explain (on back)

AUTHORIZATION FOR TREATMENT OF A MINOR

I/We the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Jennifer Richmond and her agents, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of Jennifer Richmond, to give specific consent to any and all aforementioned physician or dentist in the exercise of best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. The undersigned is/are a person/s having legal custody of, or is/are the legal guardian/s of said minor. . I verify that the information provided is correct. By signing below, I waive, release, and forever discharge any rights and claims for damages which I may have against Jennifer Richmond and all persons, organizations, and legal entities affiliated with this camp for any injuries suffered while participating in or traveling to and from.

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Relationship to minor)

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

PHOTO RELEASE FORM

I/We the undersigned parent(s) of \_\_\_\_\_, give my/our consent to Jennifer Richmond and her agents to photograph and videotape my child during camp activities this week and post any such photos in future advertisements, web page postings, and/or displays during the week of camp.

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Relationship to minor)

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