

Summer Camp Medical Release Form

Date _____ Student's Name _____

Primary contact person and phone number _____

Emergency Contact Name and phone number _____

Physician's Name _____ Phone Number _____

Physician's Address _____

City _____ State _____ Zip _____

Name any current medical conditions for which the student is currently being treated for: _____

Any medication's student is currently taking: _____

List any allergies _____

List anything special we need to know about the Student _____

****Due to food allergies I agree to provide a snack and lunch for my child for a full day of camp and/or a snack if attending a half day of camp.**

Parent/guardian signature _____

****My child(ren) can _____ cannot _____ take part in Friday Pizza day. The pizza will be provided from Papa John's Pizza.**

Parent/guardian signature _____

I give permission for _____ to be treated by a licensed physician if medical treatment is deemed necessary. In case of a surgical emergency, I also give my consent to medical

procedures diagnosed and prescribed by the attending licensed physician. Attached is a copy of their insurance card.

By affixing my signature below, I do hereby agree to hold harmless and indemnify The Red Ranch LLC, and all agents and representatives thereof from all claims of losses, injuries, damages and or death that may result in me or my child participating with The Red Ranch LLC. I/We, the undersigned, do hereby release, and forever discharge all sponsors and The Red Ranch LLC, from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while participating in the event. I/We further accept financial responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Mother Print Name _____

Mother Signature _____ Date _____

Father Print Name _____

Father Signature _____ Date _____

Insurance Company _____

Policy Number _____

Date _____

Notarized by _____

Expiration Date _____

Date _____