Summer Adventure Camp 2010
10555 Spring Cypress
Houston, TX 77070
281-378 4080 (Fax: 281-378 4081)

Medical Release Form

Child's Name: _____
(last) (first) (middle)

Parent's Name: _____

Mailing Address: _____

_____ **Phone Number:** _____

Insurance Company: _____

Policy Number: _____

Authorization for Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or injury, I hereby authorize The Summer Adventure Camp to call for medical instructions:

Doctor's Name: _____

Address: _____ **Phone Number:** _____

In the event that the above doctor cannot be reached, I hereby authorize The Summer Adventure Camp to take my child to the physicians and/or hospital of its choice.

_____ _____
Parent Signature *(must be signed in front of the notary***)** **Date**

_____ _____ Commission expires: _____
Notary **Date**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

_____

_____

_____

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must provide an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.