



THE SEATTLE KOLLEL SEED CAMP Medical Release Form

MEDICAL INFORMATION & RELEASE FORM

CHILD'S NAME: _____ PARENT'S NAME: _____

CHILD'S DOCTOR: _____ Phone: _____

Allergies/Medication: _____

Does your child have any medical concerns (e.g. Asthma, Diabetes) that might affect your child's participation in camp activities:

Insurance Information _____

This health history is correct so far as I know, and the child herein described has permission to engage in all prescribed camp activities including transportation to and from these activities, except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp directors to order X-Rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp directors to secure and administer treatment for the child named above. The completed forms may be photocopied for trips outside of the camp.

ALL EXPENSES INCURRED ARE THE RESPONSIBILITY OF THE CHILD'S PARENTS.

Parent's Signature _____ Date: _____