

Camper Medical Release Form 2022

Fortissimo/The Kid's College Camp

Palomar Community College

June 13-24, 2022
(No Camp June 20, 2022)

Name of person attending camp: _____

School Grade Completed _____ Sex (circle one) M F Age _____ Birth date _____

Parent or Guardian (of minor) _____ Home Phone _____

Address _____ City _____ St _____ Zip _____

In case of emergency notify: _____ Relationship _____

Emergency phone numbers:

Name: _____ Phone # (_____) _____

Name: _____ Phone # (_____) _____

Name: _____ Phone # (_____) _____

Physician's Name _____ (Imperative if your child has allergies.) Phone _____

List any allergies to medications or any known allergies _____

Date of last tetanus immunization _____ List medications presently being taken: _____

Medical Insurance Company _____ Insurance Policy # _____

(This above information is needed in case your child has to be taken to the hospital and the parent/guardian cannot be reached.) _____ Date _____

Signature of Parent /Guardian/Sponsor

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) _____ (birthday) _____, do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of California and hospital service that may be rendered to said minor under the general, specific or special consent of:

Fortissimo / The Kid's College Camp Supervisor

(Name of adult sponsor who is temporary custodian of minor)

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Date _____ Parent /Legal Guardian _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the representative of the The Kid's College concerning diagnosis, prognosis for _____

_____ Date of birth _____

Name of Camper/Sponsor

This information will be used for insurance billing. _____ Date _____

Signature of Parent or Guardian/Sponsor

Please Complete, Sign and email to kids@thekidscollege.org or bring release form to Camp Monday morning 6/13/22.

Revised 06-2-22

First

Camp Counselor

Last

Camper Name

Camp Name