



MEDICAL RELEASE FORM

I, _____, (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the supervision of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective until June 29, 2018.

Address _____

Phone Numbers: MOM _____ DAD _____

Email address _____

Emergency Contact _____

Relationship _____ Phone number _____

Insurance Company _____

Policy Number _____ Group Number _____

Policyholder Name _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

Justin Bixler - Summer Camp Director

Debbi Ewing - Summer Camp Director

Daphne Cox - Summer Camp Director

Wesley Williamson - Summer Camp Director

Joi Taylor - Executive Director of Kudzu Playhouse

Physician: _____

Address: _____

Phone: _____

Known allergies or medical conditions: _____

Medications taken on a regular basis: _____

Does child have asthma? _____ If so, does child carry and know how to properly use a rescue inhaler, if necessary? _____

Signature (Parent/Guardian) _____

Date: _____