



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 _____

Phone number _____ Relationship _____

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
Melanie Caffé - Summer Camp Director
Daphne Cox - Summer Camp Director
Riley Young - Summer Camp Director
Payden Taylor - Summer Camp Program Director
Olivia Zeringue - Summer Camp Program 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: _____



SOCIAL MEDIA RELEASE FORM

Child's Name: _____

Children love to see photos of themselves and their friends. We mainly use our photographs for advertising purposes, or to just document our camp. Please indicate if you give permission for your child's photo to be taken.

_____ **NO**, I do not give permission for my child to be photographed.

_____ **YES**, I do give permission for my child to be photographed.

We are on Facebook! Our Facebook page will be used to share news, reminders, and information about your child's program. Please indicate if we have permission to include your child's photo on this site.

_____ **NO**, I do not give permission for photos of my child to be posted on Facebook.

_____ **YES**, I do give permission for my child to be famous on Facebook!

Parent Signature: _____ Date: _____



PICK-UP AUTHORIZATION FORM

To provide maximum safety for the children at camp, we ask you to fill out this form to inform the staff who is allowed to pick-up your child at the end of the day. This form will be kept on file at camp. Please provide three people who are authorized by you to pick up your child if you the parent cannot pick your child up:

Child's Name: _____

1. Parent(s): _____

Work Number: _____

Cell: _____

2. Name: _____

Work Number: _____

Cell: _____

3. Name: _____

Work Number: _____

Cell: _____