



MEDICAL RELEASE FORM

I, _____, (Parent/Guardian's Name) hereby give permission for any and all necessary 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 July 31, 2022.

Parent/Guardian:

Address _____

Phone #1: _____

Phone #2: _____

Email: _____

Emergency Contact (other than parent/guardian):

Name: _____

Phone: _____ Relationship: _____

Insurance Information:

Policy Holder Name: _____

Provider: _____

Policy Number: _____ Group Number: _____

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

Summer Camp Director
Summer Camp Program Director
Kudzu Youth Activities Director
Executive Officer of Kudzu Playhouse

Physician: _____ 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? _____

Signature (Parent/Guardian) _____

Date: _____



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, Instagram, and Twitter! Our social media pages 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 online.

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

Signature (Parent/Guardian): _____ Date: _____



PICK-UP AUTHORIZATION FORM

To provide maximum safety for the children at camp, we ask you to provide the names of three people who are authorized by you to pick up your child if you are unavailable. This form will be kept on file at camp. If you are not going to be able to pick up your child one day, please call the program director at least one hour before camp ends so we can inform our staff.

Child's Name: _____

The following individuals are authorized to pick up my child:

1. Name: _____

Work Number: _____

Cell: _____

2. Name: _____

Work Number: _____

Cell: _____

3. Name: _____

Work Number: _____

Cell: _____

Signature (Parent/Guardian): _____ Date: _____