

Picturesque Farm Summer Camp Medical Release

Medical Information:

Child's Name _____

Parent/Guardian's Name _____

Address _____

_____ Zip _____

Phone# _____

Person to call if Parent/Guardian cannot be reached

Name _____

Phone# _____ Relationship to child _____

Child's Physician _____

Physician's Phone _____

Any known allergies or intolerance to food, medication, etc. _____

Does the child require any medicine on a regular basis? Yes___ No_____

If Yes, kind and frequency _____

Any other information deemed important _____

Insurance Information:

Insurance Company_____Phone_____

Insured's Name_____

Relationship to child_____

Policy Number_____Group Number_____

Picturesque Farm LLC agrees to notify the parent/guardian whenever the child becomes ill or needs medical attention.

The parent/guardian authorizes Kristy Willwerth to obtain immediate medical attention if an emergency occurs when the parent/guardian cannot be located immediately.

Parent/Guardian's signature_____

Date_____