

Medical Release Form

General Information

Student Name _____

Home Address _____

Parent/Guardian Name _____ Cell _____

Parent/Guardian Name _____ Cell _____

Home Email _____

Student Medical Information

Allergies to food, medication, other _____

Specific Medical Problem _____

Pediatrician's Name _____ Phone Number _____

Will your child require medication during ? YES _____ NO _____

If yes, Gilmer Arts (GA) will send you a Medication Distribution Form to be filled out and returned to GA prior to the start of camp. It is the parent/guardian's responsibility to provide GA with all medication. The parent/guardian is also responsible for notifying GA of any changes in medication during the GA camp session.

Emergency Contact Information

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Health and Medical Waiver

The participant's parent/legal guardian warrants that the participant is physically fit and able to participate in the camp activities, and consents to GA, Inc. for the above-named participant in the event of an accident, sudden illness, or other condition that occurs while the above-named participant is in the care or under the supervision of GA, Inc.

The parent/legal guardian further understands that GA, Inc. will make reasonable efforts to notify the parent/legal guardian or another parent of the participant in the case of an accident, sudden illness or other condition, but authorizes GA, Inc. to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases GA, Inc. from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

Liability Waiver

The parent/legal guardian agrees to hold harmless GA, Inc. from any claims, damages, losses and/or expenses arising out of participation in enrichment activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such enrichment activities. The parent/legal guardian also warrants that participation in this enrichment is voluntary.

I have read and agree to the above medical/liability waivers _____ (parent/guardian initials)

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____