



Camp Sababa Emergency & Medical Release Form



Camper Name: _____ Gender (circle one): M F DOB: _____ Age: _____

Address: _____
Street City State Zip

Home Phone: _____ Camp Session (circle all that apply): 6/22-6/6 6/29-7/3 7/6-7/10

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Please list in the order you would like them contacted. Please check the box corresponding to the best phone number to call during the camp day for each contact. Please list at least one Eastside contact.

- Name: _____ Relationship to Student: _____ Email: _____
 Home Phone: _____ Work: _____ Cell: _____
- Name: _____ Relationship to Student: _____ Email: _____
 Home Phone: _____ Work: _____ Cell: _____
- Name: _____ Relationship to Student: _____ Email: _____
 Home Phone: _____ Work: _____ Cell: _____
- Name: _____ Relationship to Student: _____ Email: _____
 Home Phone: _____ Work: _____ Cell: _____

Please list one out of state contact we may notify in the event of an earthquake or other disaster:

Name: _____ Relationship: _____ Phone: _____

Please list any person(s) who have been denied legal permission to pick-up your child: _____

SEVERE Allergies**:

If your child has a history of a life threatening allergic reaction (to bee stings, peanuts, etc) and requires immediate medical treatment and/or carries medication with them, please list allergies & medication(s)**:

Health Conditions & Medications:

Please list any relevant health concerns* and any medications* that we should be aware of in case of an emergency (i.e.: asthma, diabetes, seizures):

****NOTE:** Any medications that will need to be administered during camp hours must be accompanied by a completed Medication Permission Form, signed by both the prescribing physician & a parent/guardian. Forms may be obtained from the camp director.

EMERGENCY MEDICAL RELEASE

I, the undersigned parent/guardian attest that the participant named above is in good health and able to participate in full activities (unless otherwise noted on this form) including any excursion or trip with his/her group. The undersigned further agrees to release and hold harmless Camp Sababa, their agents and employees, from any and all liability for damage which may occur to said participant or to the undersigned as a result of any medical condition known or unknown which a medical examination would disclose. Furthermore, in the event of illness, accident, or other emergency, when I cannot be reached, I understand that my student may be transported to the nearest hospital as determined by the emergency medical team. If I cannot be reached in case of serious injury or illness I authorize Camp Sababa to procure any medical treatment and/or hospital care for my son/daughter as deemed necessary by the attending physician or the emergency response team for the welfare of my child, and I assume responsibility for any subsequent costs.

Yes No

Parent/Guardian Signature: _____ Date: _____