



## MEDICAL INFORMATION AND RELEASE FORM

Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Camper's Name:  
Camper's Birthday:  
Camper's Age:  
Known Allergies:

Camper's Name:  
Camper's Birthday:  
Camper's Age:  
Known Allergies:

Physician's Name:

Physician's Phone:

May we give your child Tylenol or Advil if he or she is running a fever?

☐ Yes

☐ No

### Medical Release

In case of illness or accident, I hereby request and authorize Grace Academy Summer Camp to attempt to contact a parent at the numbers listed above. If a parent cannot be reached, I hereby authorize the Camp to contact the physician listed above and, if necessary, to transport the child to the physician or the nearest hospital. I do hereby release, acquit, hold harmless and forever discharge Grace Academy of Dallas, its agents, employees, and all persons, natural or corporate, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by camper.

INSURANCE PROVIDER:

POLICY #:

*(Please attach a copy of front & back of insurance card & current immunization records)*

### Photography release

I hereby give permission for photographs and videos to be taken of my child, and Grace Academy has the right to utilize them for educational and promotional purposes. (Children will not be identified by name.) Initial here: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_