

Medical Release / Information Form
CSMA Art Camps, 2009



CAMPER NAME:

Last: _____ **First:** _____

Medical Release:

If the school is unable to reach you, emergency contacts or childcare provider in the event of a serious medical emergency with your child, do you give permission for school personnel to contact:

Doctor: Yes ____ No ____

Ambulance: Yes ____ No ____

Parent / Guardian Signature:

_____ Date: _____

Emergency Phone Number:

Name: _____ Phone Number: _____

Doctor Information:

Name: _____ Phone Number: _____

Medical Alert:

Please indicate any allergies, conditions, medication, etc.:

Sign out authorization:

If you feel your child is old enough to sign themselves in and out, please check the box below and sign.

I authorize my child to sign themselves in and out of camp.

Parent Signature: _____

I authorize the following adults to pick-up my child from camp at the Community School of Music and Arts Camps:

Name	Phone Number
1.	
2.	
3.	