

ADULT PERMISSION/MEDICAL RELEASE FORM

Camp Joy

July 3 – July 6 2008

Please type or print

Name: _____

Addr: _____

City: _____ Fl. Zip _____

Birth Date: _____ Phone: _____

Insurance: _____

Policy #: _____

Group #: _____

Doctor's #: _____

Name Of Insured: _____

Date Of Last Tetanus Booster: _____

Have you ever been treated for any of the following? (if yes, circle)

- | | |
|---------------------|-------------|
| Heart Disease | Asthma |
| Seizures | Allergies |
| High Blood Pressure | Bronchitis |
| Diabetes | Other _____ |

Please provide any additional information about any items (circled) above: _____

I want to make you aware of the following medical problem: _____

Please list any medication being taken: _____

Can you swim? Yes ____ No ____

Notify in an Emergency.

Name _____

Emergency Phone: (____) _____

Cell: (____) _____

I hereby authorize medical treatment in case of any medical emergency. I agree to notify the Camp Joy staff in the event of any health changes which would restrict my participation in any normal event activity.

A facsimile or photocopy of this form shall be as valid as the original.

Signature
(If under 18, parent's signature is required)

_____ Date: _____

State of Florida
County of Pinellas

Before me personally appeared _____ to me well known/shown ID person described in and who executed the foregoing instrument:

On this ____ day of _____, _____ before me, _____, a Notary Public in and for said state personally appeared _____, who executed the within agreement and acknowledged to me that he/she executed the same for purposed therein stated.

Seal

Notary Public
Commission Date _____