

CHILDS 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: _____

Does your child wear Glasses? Yes or No

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

Please list any medication being taken: _____

Can your child swim? Yes ___ No ___

Notify in an Emergency.

Father's Name _____

Mother's _____

Emergency Phone: (____) _____

Cell: (____) _____

I hereby give my permission for my CHILD to attend Camp Joy in July 2008 and 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 child's participation in any normal event activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

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

Signature of Parent or Guardian

_____ 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 _____