



SUMMER CAMP MEDICAL INFORMATION/WAIVER & RELEASE FORM

Camper Information

Name: _____

Parent/Guardian Information

Name: _____

Day Phone: _____

Cell Phone: _____

Medical Information

Does your child have any health related information that should be brought to our attention (i.e. food allergies, medication)? If yes, please explain below.

Is your child allergic to latex?

Does your child take medication regularly? If yes, please explain below.

Does your child have any limitations regarding activities? If yes, please explain below.

Who should we contact in case of an emergency?

Name: _____

Home Phone: _____

Cell Phone: _____

Who is authorized to pick up your child, other than the parent/guardian listed above?

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

What is your insurance information?

Insurance Company: _____

Policy #: _____

Who is your child's doctor?

Name: _____

Phone: _____

Address:

What is your preferred hospital?

Name: _____

Phone: _____

Address:

I am the parent or guardian having or custody of the above named child. I hereby grant my child permission to attend camp at Maryland Mosaics. I certify that my child is physically and mentally fit for all camp activities and will obey all camp counselors and rules. I certify that comments, photographs or videotape pictures of my child participating in the camp programs may be reproduced and utilized for promotional purposes. I understand and certify that my child's participation in camp at Maryland Mosaics is voluntary. In case of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat my child. In cases of minor or mild injury, I grant my permission for him/her to be treated by a member of the staff at Maryland Mosaics. I agree to pay all expenses for necessary treatment. I understand that Maryland Mosaics does not provide medical/liability insurance. I understand that any camper demonstrating a willful disregard for camp rules is subject to being sent home with no refund of camp fees.

Furthermore, I release Maryland Mosaics, and its officers, directors, agents, representatives, employees, and volunteers from any and all responsibility, liability, or claims including, but not limited to, any claims based upon alleged negligence, for personal injury, damages, accident, or illness incurred by my child, arising from or related to my child's participation in any activity at or connected with Maryland Mosaics.

Parent/Guardian Signature

Date