

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian. In order for campers to participate in activities we must have this form signed, *IN ADDITION TO A COPY OF A PHYSICIAN SIGNED PHYSICAL WITHIN ONE YEAR OF CAMP.*

Parent's/Guardian's Authorization

This is to certify that _____ has been examined by a physician within the past year, and that he was found to be physically able to participate in vigorous physical activity.

Drug Sensitivities _____

Other Medical Problems/Current Medications _____

What accommodations must be made to insure proper administration and storing of medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y N

Insurance Company _____

Policy No. _____

Policy Holder _____

Release of Liability & Health Care Authorization

I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the activities and am aware of the potential for injury while participating. I hereby release Meadow Wood Farms, LLC, and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond their control of, and without their fault or negligence. I hereby authorize and give my consent to the health care providers and Camp Meadow Wood to perform upon or administer to my above named child any reasonable, necessary medical treatment.

Parent's/Guardian's Signature _____ Date _____

Parent/Guardian Name _____