



Red River Drum & Auxiliary Camp

Medical Release Form



Parent or Legal Guardian of Red River Drum & Auxiliary Camp Participant*:

In the case of a medical emergency, I give my permission for the staff of the *Red River Drum & Auxiliary Camp* to act in my behalf and to make decisions concerning medical treatment for my child. I further give my permission for the below-named minor to receive any medical attention, including preventative, routine, or emergency care, and administering medications as deemed necessary by qualified medical personnel in the event such treatment is necessary during the term of the camp. We will have a nurse on staff during the camp.

I agree that neither the *Red River Drum & Auxiliary Camp* nor its staff acting within the scope of their employment shall be held liable for any accident or injury while the below-named minor is a member of the camp. I further agree to release the *Red River Drum & Auxiliary Camp, Lake Murray State Park and Resort*, and their employees from responsibility for any damages or expenses that might result from any medical, dental, or hospital care rendered to the below-named minor. I understand that all medical bills are the responsibility of the parent or legal guardian of the below-named minor.

This consent, unless revoked in writing, shall remain in effect until the below-named minor leaves on the final day of the camp. I further give my permission for the below-named minor to participate in all *Red River Drum & Auxiliary Camp's* educational and recreational activities. *Signing below indicates that you accept these terms and have read the camp policies and agree to the rules & regulations set by the camp staff.* Please bring this form to registration on the first day of camp.

Last Name of Student: _____ First Name: _____ Date of Birth: _____

Street Address: _____ Blood Type: _____

City: _____ State: _____ Zip: _____

Student's Home Phone: () _____ Student's Cell Phone: () _____

Date of Last Tetnus Shot/Booster: _____

Name of Parent/Guardian: _____

Relationship to Student: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Name of Parent/Guardian: _____

Relationship to Student: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Family Physician: _____

Physician Phone: () _____

Insurance Carrier _____

Policy Name & Number _____

Insurance Phone #: () _____

Daily Medications: _____

Important Medical Information: _____

***Parent/Guardian Signature:** _____

Date: _____

***Please bring on 1st day of camp.
We cannot admit you without this form.
(must be signed by parent/guardian)**