



## Medical Release/Permission Form

Name \_\_\_\_\_

Name Preferred \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_

Allergies \_\_\_\_\_

Required medications/dosage \_\_\_\_\_

Dietary needs \_\_\_\_\_

### Parent/Guardian Information:

If parents live at different addresses, list both, and indicate which is the primary residence

Name \_\_\_\_\_

Address(es) \_\_\_\_\_

\_\_\_\_\_

Home phone(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

### Person to notify in case Parent/Guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Parent/Guardian Authorization:

#### PARENTAL CONSENT:

I give full permission for my child to attend \_\_\_\_\_ held at the James Madison University on the dates of \_\_\_\_\_ to \_\_\_\_\_.

**I DO/DO NOT** (circle one) give my permission for photographs or video footage of my child to be used by \_\_\_\_\_ for promotional purposes.

#### TRANSPORTATION RELEASE:

I give full permission for my child to be transported to activities off site and away from James Madison University, riding in approved vehicles, with approved drivers and to attend and participate in camp-sponsored activities off site.

#### MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

#### WAIVER OF LIABILITY:

I agree to indemnify, release and hold harmless \_\_\_\_\_ [name of camp], James Madison University, the State of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned camp and related camp activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_