

Medical Release Form

I _____ hereby authorize Darswinkle's Delights to obtain any and all medical treatment deemed reasonably necessary for my minor child(ren).

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Darswinkle's Delights shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren)

Social Security Number

Health Insurance Carrier: _____

Plan or Identification Number: _____

Primary Health Care Provider & Telephone Numbers: _____

Preferred hospital (we like Stonecrest for minor injuries, like stitches, and Vanderbilt's Children's Hospital for major injuries):

Emergency Contact Numbers (other than Parents)

Please list on the reverse side of this page any health information that the Camp needs to be aware of, such as allergies, diabetes, special diets, or anything else that we should be aware of in case of emergency. If you have a child with an anaphylactic allergy, we need to know what the allergy is and require that you provide an epipen while your child is at camp. Please feel free to talk to us about the best ways to help your child manage his or her condition while in our care to ensure a positive camp experience.

