



## SUMMER 2008 MEDICAL RELEASE

CAMP BROADWAY is committed to providing individual attention to each camper who attends our program. To ensure the good health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release. Thank you for your cooperation.

Camper Name \_\_\_\_\_

Birthday \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Day Telephone ( ) \_\_\_\_\_ Eve. Telephone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Day Telephone ( ) \_\_\_\_\_ Eve. Telephone ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Does your child wear glasses and/or contacts? \_\_\_\_\_

Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc.: \_\_\_\_\_

\_\_\_\_\_

Please list any medical restrictions or allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any food allergies or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is taking or any other information that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication **in its prescription bottle** for the entire week of camp. Also include additional instructions, if any, for administering the medication.

Parent/Guardian Initials: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

If your child needs to take an aspirin or Tylenol, please initial below, giving us permission to administer the medication: \_\_\_\_\_



**SUMMER 2008 MEDICAL RELEASE (cont.)**

If a medical emergency occurs which involves the need to take your child to a doctor or the hospital emergency room, and we cannot reach you, we must have your written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

**We also need the following information:**

Do you have medical insurance covering your child? \_\_\_\_\_

If so, what is your insurance company? \_\_\_\_\_

Policy Number \_\_\_\_\_

**Please sign the following statement:**

The information in this release is correct as far as I know. My child has permission to take part in all Camp Broadway activities. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for my child. I agree to assume responsibility for charges so incurred.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian (Signature)

**Please have your doctor sign the following statements:**

I, the undersigned, have examined the above named child and found them to be in good health and able to participate in all CAMP BROADWAY classes, workshops and entertainment activities.

\_\_\_\_\_ Date \_\_\_\_\_  
Doctor (Print Name)

\_\_\_\_\_ Date \_\_\_\_\_  
Doctor (Signature)

**Please attach the vaccination records for your child.**

Please complete and return this form by May 19, 2008 to:

FCCJ ARTIST SERIES  
ATTN: KATE MCMANUS  
501 W STATE STREET, SUITE 141  
JACKSONVILLE, FL 32202  
OR FAX TO 904-632-3266