

Remick Country Doctor Museum & Farm  
2010 Vacation Camp Health Form

Session your camper is in: \_\_\_ 4/19 \_\_\_ 4/20 \_\_\_ 4/21 \_\_\_ 4/22 \_\_\_ 4/23

Camper's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pick-up Authorization (These adults, other than you are authorized to pick up your child from camp)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, if parent/guardian are not available:

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Medical Emergency Statement:** In the event that the staff of the Remick Country Doctor Museum & Farm are unable to contact me by phone, I hereby authorize the staff of the Remick Country Doctor Museum & Farm to carry out standard first aid (including treatment for severe allergic reactions) and CPR, and to arrange for emergency care for my child at a local hospital as the staff deems necessary. I also authorize hospital personnel to provide emergency medical treatment for my child.

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

**Photographic Release:** The Remick Country Doctor Museum & Farm uses photos of their programs in publications, brochures, and on the website to promote its programs. I hereby authorize the Remick Country Doctor Museum & Farm to include my child in photographs which may be used for publicity or publishing purposes.

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

**Reminder: This Health Form & balance of payment are due by April 14, 2010**