

**Columbia Springs 2010 Summer Camp**  
**Medical and Permission Form**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Please describe any medical condition(s) that our staff should know about.**

**Are there any restrictions of activity for medical reasons? If yes, please describe**

**Does the camper have any allergies? If yes, please describe.**

**Please describe any special needs that we should know about (fears, unusual behaviors, etc).**

***If applicable, I have attached information regarding allergies or other medical conditions about my child which staff should be aware.***

*Continue onto back*

## Permission Form

\_\_\_\_\_ has my permission to participate in summer camp at Columbia Springs. In the event of an emergency and I cannot be reached, I grant permission for emergency medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release Columbia Springs from responsibility for any bills resulting from injuries incurred in these programs.

### CHECK ONE OF THE STATEMENTS BELOW:

\_\_\_\_\_ I also give my permission for my child to be photographed and for photographs to be used by Columbia Springs.

\_\_\_\_\_ I do not want my child(ren) photographs to be taken and used by Columbia Springs or any other businesses.

*I understand that I may be called upon to come and pick up my child if the summer camp staff deems it necessary (if camper is disruptive, disrespectful or a danger to himself/herself or others).*

Insurance Company (optional): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_