



Medical Release for Girls' Leadership Camp

Camper Information

Camper Name (Last, First, Middle Initial) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____

Parent/Guardian Information

Parent/Guardian

Name _____

Home Phone _____ Mobile Phone _____

Work Phone _____

Relationship to Camper _____

In case of emergency, who else should we contact:

Name _____ Phone _____

Insurance Information

Insurance Company _____ Insurance Phone Number _____

Policy Number Group Number _____

Name of Policy Holder Phone _____

Medical Information

Please provide all information requested below.

Medical concerns _____

Allergies: _____ Bee/Insect Sting _____ Nuts _____ Foods (specify) _____

_____ Medications (specify) _____ Other (specify) _____

Medical Release

I hereby agree to the participation of my daughter in the Girls' Leadership Camp at Olivet College. I certify that my daughter is in good health and is able to participate in all camp activities. I hereby voluntarily assume all risk of accident or injury to my daughter which may arise from her participation in this program, completely releasing Olivet College and all personnel associated with the program from any liability that may result from her participation. I also grant permission to Olivet College staff to provide medical assistance to my daughter while in attendance of the camp.

Parent/Guardian Signature _____ Date _____