

Medical Release Form

Instructions: Parent should complete this sheet. Please Print or Type.

Name -Last, First, Middle Initial _____		D.O.B. _____			
Address _____		City _____	State _____ Zip code _____		
Parent/Guardian Name: _____					
Home telephone _____		Business/Mobile telephone _____			
<i>If Parent/Guardian cannot be contacted, please notify:</i>					
Name _____		Number _____	Relationship _____		
Name _____		Number _____	Relationship _____		
Licensed Health Care Provider's Name _____		Number _____			
Insurance Carrier _____		Policy/Group Number _____			
Immunizations: <i>Full dates (day/month/year) are required by the Texas Health Department</i> You may attach an immunization record from your doctor					
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTP/DtaP)					
Tetanus Booster (Tetanus Diphtheria) (Td)					
Measles, Mumps, Rubella (MMR)					
Polio (OPV/IPV)					
Hepatitis B					
Chicken Pox (Varicella)					
Haemophilus influenzae type b (Hib)					
Pneumococcal vaccine (PCV/PPV)					
Hepatitis A					

TREATMENT AUTHORIZATION

I hereby give permission to the nurse or the medical personnel selected by the Great Gluten Escape Camp director(s) to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director(s) of The Great Gluten Escape Camp, or his/her designee about my child's medical condition, treatment, and/or prognosis.

We further authorize the camp medical staff to discuss any medical conditions with the director(s), his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.



Signature of Parent/Guardian

Date