

Medical Release/Permission Form

Name _____

Birthdate _____

Health Insurance Company _____ Policy # _____

Insured's name _____

Allergies _____

Parent/Guardian Information:

If parents live at different addresses, list both, and indicate which is the primary residence

Name _____

Address(es) _____

Home phone(s) _____

Work Phone(s) _____

Person to notify in case Parent/Guardian cannot be reached:

Name _____ relationship _____

Home phone _____ Work phone _____

Parent/Guardian Authorization:

PARENTAL CONSENT:

I give full permission for my child to attend _____ held at the University of Maryland on the dates of _____ to _____.

I DO/DO NOT (circle one) give my permission for photographs or video footage of my child to be used by for promotional purposes.

TRANSPORTATION RELEASE:

I give full permission for my child to be transported to activities off site and away from The University of Maryland, riding in approved vehicles, with approved drivers and to attend and participate in camp-sponsored activities off site.

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY:

I agree to indemnify, release and hold harmless _____ [name of camp], the University of Maryland, the State of Maryland, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned camp and related camp activities.

Parent/Guardian Signature _____ date _____