

Outdoor Camp Medical Release Waiver

Camper Information

Full Name

Date of Birth

Address

Parent/Guardian Phone

Parent/Guardian Email

Emergency Contact

Name

Phone

Relationship to Camper

Medical Information

Allergies (if any)

Current Medications

Medical Conditions or Special Needs

Family Physician

Physician Phone

Medical Release and Waiver Statement

I, the undersigned parent or legal guardian of the camper named above, authorize the staff of the Outdoor Camp to act for me in case of a medical emergency. I give permission for my child to receive first aid, emergency medical treatment, and transportation to the nearest medical facility if necessary. I acknowledge that participating in outdoor activities involves certain risks and I assume all responsibility for any incident that may occur.

I hereby waive and release the Outdoor Camp, its employees, volunteers, and agents from any and all liability for injuries, illnesses, or other loss that may arise out of or in connection with my child's participation in camp activities.

Parent/Guardian Signature

Date