

CAMP CONNECTION 2010

medical release form

Student: _____

Guardian's Name (print): _____

I, the undersigned Parent/Guardian of the registered child, authorize any member of TRC staff, to act on my behalf regarding emergency medical care while attending Camp Connection.

Signature: _____

Date : _____

Physician's Name : _____

Physician's Phone Number : _____

Emergency Contact : _____

Allergies : _____

Medications : _____
