

# CAMP ARCHITECTURE 2013

## Medical Release Form

\*All campers must have a current medical form on file prior to the start of camp\*

The information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care. Provide complete information so that the staff can be aware of your child's needs. Any changes to this form should be submitted to Camp Director upon participant's arrival in camp.

Camper - First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_\_ (circle one) Male Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Grade (Entering) \_\_\_\_\_ School in the Fall \_\_\_\_\_

Parent - First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Best Phone # to be reached at in case of emergency \_\_\_\_\_

**The following name will be called if a medical question or medical emergency should arise and a parent cannot be reached:**

Emergency contact (this person must be someone other than a parent)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship to the camper \_\_\_\_\_  
Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_ Home # \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, hereby

assume all risks and hazards incidental to the program. I also hold harmless AIA Columbus, The Center for Architecture and Design, Camp Architecture, its staff, director, volunteers and appointed assistants.

I also understand and agree to abide by any restrictions placed on my participation in day camp activities and transportation to sites in Columbus.

I understand that my child must be polite to fellow campers, the director, counselors and employees. Disruption can be grounds for termination from camp without refund.

Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted in writing as follows.

I hereby give permission to Camp Architecture and The Center for Architecture and Design to seek emergency medical treatment including ordering physician recommended x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff

to secure and administer treatment, including hospitalization, for the child named above. This completed form may be photocopied.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please tell us about any medical condition your child has or which our staff should be aware, and any symptoms or behaviors that should alert our staff to contact you or take other action. Some examples would include orthodontic appliances, eyeglasses or contacts, food allergies, behavioral challenges and medications the child must take while at the Camp.

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If an emergency requires us to seek medical attention for your child, is that anything we should know to inform the medical provider? Examples include allergies to medications or current medications etc.

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**Insurance Information**

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name \_\_\_\_\_

Group# \_\_\_\_\_

Carrier address

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Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Policy holder Insurance ID number \_\_\_\_\_

**Camper's physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Camper's dentist/orthodontist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**END**