

# Medical Form

## Student Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/s or Guardian/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: (include food, medicines, animals, insect bites, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Any other medical or behavioral concerns that you would like the camp staff to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Please check the following boxes that apply. By signing the bottom, you agree to the terms of the boxes checked.

## Media Release:

\_\_\_\_\_ Yes, I agree to let "Bluegrass Camps for Kids" use a photo/s of my child for promotional use.  
(The child's name and other information will not be released.)

\_\_\_\_\_ No, "Bluegrass Camps for Kids" may not use a photo/s of my child for promotional use.  
(The student will not be allowed to be in the end-of-camp picture.)

## Closed Campus Policy:

**For safety's sake, we have a CLOSED CAMPUS policy. We require that a parent or guardian sign their child out at the end of every day, or provide a handwritten note delivered beforehand. There will be a form and clipboard at the front table for you to sign your child out.**

## Please choose one of two options:

\_\_\_\_\_ I agree to sign my child out at the end of every day, or provide a handwritten note beforehand.

\_\_\_\_\_ My child may leave campus without my signature. I understand that checking this box will release Bluegrass Camps for Kids of any responsibility for my child at the time that is specified as the end of the day on the Camp Form.

## Instrument Release:

If my child is borrowing an instrument, I agree to take full financial responsibility if my child incurs any damage to that instrument while borrowing it. If my child is using their own instrument, I agree to take full financial responsibility for the instrument that my child is using. I also agree to release "Bluegrass Camps for Kids" of any financial responsibility if any damage is done to the instrument. If my child is loaning an instrument to the camp, I agree to release "Bluegrass Camps for Kids" of any financial responsibility if any damage is done to the instrument during the camp. I also agree that if there is any damage done to the instrument during the camp, the person using it at the time will be financially responsible for the damage done.

## Medical Release:

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse or hospital in the event of an injury or illness. On behalf of the above student, I hereby waive any liability for injuries/illness sustained at this event "Bluegrass Camps for Kids". I also hereby accept legal and financial responsibility for the above student in the event of injury or illness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_