

**2008 Medical Waiver/Emergency Form
Highland School Summer Camp**

Campers Name: _____ Nickname: _____

Male Female Date of birth: _____

Parent or Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

In case of emergency when parent/guardian cannot be reached, please call (list two contacts):

Name: _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Relationship to camper: _____

Name #2: _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Relationship to camper: _____

Any known allergies? _____

Current medications: _____

Significant past illness or injury: _____

Comments or concerns: _____

PARENTAL AUTHORIZATION, CONSENT AND LIMITATION OF LIABILITY:

I grant permission for the above-named camper to participate in all activities of Highland School Summer Camp. I assume all risks, hazards and costs incidental to such participation including transportation to and from Highland School Summer Camp. I understand that Highland School Summer Camp and its administration, staff and employees will not be held liable for any injury, damage or loss suffered during camp. I authorize Highland School Summer Camp to employ medical assistance for my child in the event that he/she suffers illness or accident while at Highland School Summer Camp. I agree that Highland School Summer Camp shall exercise complete discretion in the choice of physician or medical personnel for my child. Highland School Summer Camp may act independently of me should immediate action be deemed necessary for the safety and well-being of my child.

Signature of Parent/Guardian: _____ Date: _____

