

Roberts Wesleyan College  
Summer Camp 2010

**Medical Release/Liability Form**

\*Return 2 weeks prior first week of camp (or sooner) to:

Roberts Wesleyan College  
Voller Athletic Center c/o: Summer Camps  
2301 Westside Drive  
Rochester, NY 14624-1997

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street and number City State Zip code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mothers Name \_\_\_\_\_ Place of <sup>Employment</sup> \_\_\_\_\_ Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Place of <sup>Employment</sup> \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICIAN'S Name \_\_\_\_\_ Phone \_\_\_\_\_

Operations or Serious Injuries (Date) \_\_\_\_\_ Chronic

or Recurring Illness \_\_\_\_\_ Other Diseases or

Details of above \_\_\_\_\_ Will your child take

medicine during the camp week? Yes \_\_\_ No \_\_\_ If your child requires any medication (prescription and

non-prescription) during camp hours you must come to camp  
and dispense the medication to your child.

*Note: If the child is able to do so he/she may self-administer medicine--under supervision, in the  
Director's office.*

**IMMUNIZATION HISTORY (Dates)**

Diphtheria \_\_\_\_\_ Haemophilus Influenza Type b \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Varicella (chickenpox) \_\_\_\_\_ Measles Vaccine \_\_\_\_\_

Rubella (MMR) \_\_\_\_\_ Mumps \_\_\_\_\_ Hepatitis b \_\_\_\_\_ \*(verification by

M.D. if has had a disease)

**SPECIAL NEEDS, RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP:**

Special Diet \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Swimming, Diving \_\_\_\_\_  
Strenuous Activity \_\_\_\_\_  
Other Activity \_\_\_\_\_  
Date of last exam \_\_\_\_\_  
Only people allowed picking up child \_\_\_\_\_

Anybody including you as parents or guardians might be required to provide a picture ID to pick up a child as deemed necessary by the Camp Director.

**Medical Release** In an emergency, I hereby give permission for my son/daughter \_\_\_\_\_ to be examined by camp medical personnel. I also give permission to the licensed physician selected by the camp operator, to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I also give the camp director under the auspices of Roberts Wesleyan College permission to advise the hospital of our insurance information at the time of any treatment. Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_ Name of primary policyholder \_\_\_\_\_