

DEREK GORES

**MEDICAL INFORMATION AND RELEASE
MINOR OR ADULT PARTICIPANT**

Campers Name: _____

Date of Birth: (month/day/year): _____

Address: _____

City: _____ State: _____ ZIP: _____

Health/Accident Insurance Carrier:

Name of Insured: _____

Group #: _____

Policy #: _____

Personal Physician: _____

Physician's Phone: _____

Physician's Address: _____

City: _____ State: _____ ZIP: _____

**LIST A PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL
AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF
EMERGENCY. PLEASE CONTACT:**

Name: _____

Phone: _____

Phone: (Other): _____

Relationship to Camper: _____

Medical History:

Please list any chronic or acute medical problems and explain:

List any **allergies** to food, pollen, or medicine:

List any **medications** being taken at present:

Snack Addendum

We are happy to offer our Campers Nutritious Snacks for AM, PM, and Full-Day Campers. If your child has a food allergy, please bring a different snack.

I acknowledge that Camp provides a snack and drink to campers in the Morning and afternoons unless they have an allergy. Initial: _____

I acknowledge the participant's immunizations are current: Yes_____ No_____

I or MY CHILD plan to attend Derek Gores Gallery Summer Camp hereinafter referred to as "CAMP." I fully realize that injury or illness could result from or during MY or MY CHILD's participation in the CAMP. In case of accident or injury, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

Parent/Guardian Signature: _____

Date: _____

Please Print Camp Participant Name:
