

**Medical Release Statement**  
**(Must Be Signed By Parent Or Legal Guardian)**

My Child \_\_\_\_\_ is in good health.

I will notify the camp director if my child is exposed to any communicable diseases during the two weeks prior to attending camp.

In Case of Medical Emergency, I give permission to the physician selected by the Camp Director, Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my child.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_