

**Agecroft Hall's  
"Adventures at Agecroft"  
Summer Camp  
2024 HEALTH FORM**

Name of Participant: \_\_\_\_\_

1) In case of emergency, please call:

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Relationship to Participant Date

\_\_\_\_\_  
Name of a Second Emergency Contact Phone Number

\_\_\_\_\_  
Relationship to Participant Date

\_\_\_\_\_  
Family Physician Phone Number

\_\_\_\_\_  
Insurance Company ID#

2) Does s/he have any medical problems or limitations including allergies or dietary restrictions?      Yes      No

\_\_\_\_\_  
If yes, please specify

3) Is s/he currently taking any medications staff should be aware of? Please specify below:

\_\_\_\_\_

4) I give my child/ward permission to take:    Tylenol    Aspirin    Advil \_\_\_\_\_  
*Initial Please (legal guardian)*

5) I hereby agree to emergency medical treatment for my child/ward if Agecroft Association's staff is unable to contact me and release all Agecroft Association staff and volunteers from any liability associated with said treatment.

\_\_\_\_\_  
Signature (of legal guardian) Date

\_\_\_\_\_  
Hospital preference if possible or in non-emergency situation