

**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