EMERGENCY MEDICAL RELEASE FORM
AND TO DISPENSE MEDICATIONS

The state of California requires this medical form. This form is not acceptable or valid unless signed by the parent/legal guardian. We will not admit a camper without a signed and completed health history, proof of medical insurance coverage and this release form.

AS THE PARENT/LEGAL GUARDIAN OF (PRINT CHILD'S NAME) _____

I, (PRINT YOUR NAME) _____

- Do hereby authorize and consent to any **emergency medical care** that should be deemed necessary for my child during his/her participation in the Embers of Hope Camp.
- Do authorize and consent to the **dispensing of any prescription** and/or **over-the-counter medications** for the duration of camp, administered by the medical staff.
- Do further agree to **hold harmless** the Fire & Burn Foundation, its officers and staff for medical aid rendered at camp. I understand that I am responsible for any follow-up medical costs incurred due to an injury sustained at camp.
- Do understand that as the parent/legal guardian, I will be notified directly in the event of a medical issue or emergency pertaining to my child. However, if the Fire & Burn Foundation is unable to contact me, the parent/legal guardian, my **designated emergency contact person*** will be the person they may contact regarding the care of my child.

HEALTH INSURANCE PROVIDER PRIMARY PHYSICIAN PHONE

*LOCAL EMERGENCY CONTACT (PLEASE PRINT):

NAME RELATION TO CHILD

HOME PHONE CELL PHONE WORK PHONE

PRESCRIPTION MEDICATION: A*ll medication must be checked-in with the medical staff at the time of arrival and remain in the care of the camp medical staff for the duration of camp. Please only provide the amount needed for the duration of camp.*

PARENT/LEGAL GUARDIAN SIGNATURE: _____Date:_____

Application Deadline: January 01, 2015