

CAMPER
 STAFF



Medical Release Form for
MIDDLEBURY COLLEGE FIELD HOCKEY CAMPS

Name of Camper/Athlete _____

Last / first / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my daughter _____ to participate in all camp activities at the 2017 Middlebury College Field Hockey Camps. I hereby grant permission to those parties supervising the Middlebury Field Hockey Camp, to obtain emergency treatment for my child _____ if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College Field Hockey Camp their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury Field Hockey Camp.

(signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, Katharine DeLorenzo, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

(Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your daughter? If yes, please provide an explanation below.

Please List any allergies to medications below:

Name of Insurance Company _____

Insurance Policy No. _____ (Please **FAX a copy of your insurance card** along with form.)

Family Physician or Clinic _____ Phone _____

Address _____

Students Full Name _____

Address _____

Home Phone (____) _____ Business Phone (____) _____

Emergency Contact _____ Relationship _____

Home _____ Work _____

Student's Signature

Parent/Guardian Signature

Parent/Guardian:

Please include a copy of your health insurance card along with this form...send via FAX or USmail to:

FAX: 802-443-2073 attn: Middlebury Field Hockey Camp

US MAIL:

Middlebury Field Hockey Camps

219 South Main Street

Middlebury, Vermont 05753

Please submit ALL FORMS no later than 7 days prior to camp start date