



# Sugarloaf Farm

## SUMMER CAMP MEDICAL RELEASE FORM

Camper's Name \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Medical Information:**

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

*continued overleaf*

**Does your child have any medical conditions we should be aware of?**  No  Yes – If Yes please detail below

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**Is your child currently taking any medications?**  No  Yes – If Yes please detail below

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**Photo Release:**

I understand that photos will be taken of campers for arts/crafts projects and will be made available to parents. I agree that photos may be used in the future by Sugarloaf Farm LLC for marketing/promotional purposes (which may include being posted on the Sugarloaf Farm website) without payment or any other consideration.

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_