

Medical Release Form

Event: Spring Break Camp 2008

Date: March 13 through March 16, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ Age: _____

Person to contact in case of emergency: _____

Relationship: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

In case of an emergency, I give permission for my child to be treated by a licensed physician (or the most qualified person available if a physician is not available), and to administer whatever care is necessary for his/her safety and care. I understand if the camp staff feel it is necessary, disciplinary actions will be taken upon my child. My child could be sent home by any means available under my expense.

I will not hold the Vietnamese Alliance Youth or its officers liable for any injuries, damages, loss of property or any unforeseen incidents that may occur in any official activities for the above mentioned (EVENT) throughout the duration of the (EVENT).

(Signature of Parent or Legal Guardian if under the age of 18)

_____/_____/200____

(Print Name)

Please note any medical allergies, medical problems, medications being taken or other information that is pertinent to your health and medical condition.

