

MEDICAL RELEASE FORM*(Please complete one form for each child)*

Child's Name

Date of Birth

Address

City

In the event of an emergency, please contact:

(1) Parent/Guardian

Relation

e-mail

Home Phone

Work

Cell

(2) Parent/Guardian

Relation

e-mail

Home Phone

Work

Cell

Friend/Relative

Relation

Home Phone

Work

Cell

Should none of these contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following doctors:

Preferred Physician

Phone

Preferred Dentist

Phone

Please list all known medical conditions, physical impairments, food allergies and/or drug allergies, etc. In addition, list all over-the-counter and/or prescription drugs taken regularly. _____

CONSENT: I, _____, hereby grant permission for any and all medical attention to be administered to my child in the event of any accidental injury or illness until such time as the above listed can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and any other medical attention as may be required under the recommendation of qualified medical personnel.

Parent/Guardian Signature

Date

AUTHORIZED PICK-UPS: Names of People Authorized to Pick-up this Child and Relationship to Child**SUNSCREEN:** May be administered to my child when needed: Yes _____ (to be provided by parent) No _____**PHOTO AUTHORIZATION:** My child's photo may be used to promote HMS's clubs or programs in the media, publications or website.

No name identification will be used. (Excludes group photos.) Yes _____ No _____

OUTREACH: How did you hear about HMS's summer programs? Printed Ad _____ Word of Mouth _____

HMS Website _____ Brochure _____ Other _____