

Pine View Farm Fun - Summer Day Camp

Health Record & Release Form 2020

Camper's Name: _____

Please list in order a contact person to be notified in case of an emergency:

Contact # 1 Name: _____

Phone#: _____ Work#: _____ Cell#: _____

Relationship to Camper: _____

Contact # 2 Name: _____

Phone#: _____ Work#: _____ Cell#: _____

Relationship to Camper: _____

My child(ren) may be dropped off and/or picked up by the following people:

Allergies/Reactions/Medical Conditions (Autism, Spectrum Disorder, Seizures, etc.) or
Restrictions we need to know about: (food, insects, bees, medications, etc.)

Medications taken on a DAILY basis: _____

Camper's Physician Name and Phone#: _____

I state that the health history above is correct. My Child: _____
has permission to participate in all camp activities. I understand these activities may include
certain risks. In the event of an accident or if your child becomes ill, we will notify who is listed on
this form. If we are unable to contact anyone and we feel your child needs medical assistance, do
you give us permission to seek medical help? YES _____ or NO _____

I authorize Pine View Farm Fun LLC...#1) to give medications as listed above to my child; #2) to
secure emergency medical care at my expense if I am unable to be reached in an emergency; and
#3) to use my child's photo in promotional/advertising materials ONLY. I agree, release, and hold
harmless Pine View Farm Fun LLC, Farm Camp, it's owners, directors, employees, and volunteers
from any claims or damages to property or persons of any kind arising from, out of, during or
from the conduct and/or activities of the camper and representatives at Farm camp.

Parent/Guardian Signature: _____ Date: _____