# Pine View Farm Fun - Summer Day Camp
# Health Record & Release Form 2026

**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/<u>Medical Conditions</u> (Autism, Spectrum Disorder, Seizures, etc.) or <u>Restrictions</u> 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:**_____