

**TOM DUNN  
ENERGY LEADERSHIP  
ACADEMY**



*Please Print!*

**Medical Release Form**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security number \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Address and Phone #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Address and Phone #: \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact (other than parents): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Phone of Physician: \_\_\_\_\_

Name and Phone of Dentist: \_\_\_\_\_

Any current medical conditions?: \_\_\_\_\_

Any allergies medicatons: \_\_\_\_\_

Any allergies to food: \_\_\_\_\_

Is the student currently on any medication? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Name and Policy # of Health Insurance: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

In the event of injury, if I cannot be contacted at the phone numbers listed above, I hereby authorize the Camp Name Staff and counselors to act for me according to their best judgment, in any emergency requiring medical attention. I relieve West Virginia Wesleyan College and the Tom Dunn Academy, Inc. of any responsibility should any accident occur.

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Parent/Gaurdian Signature \_\_\_\_\_