



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 _____