Kicking Bear Camp - Emergency Medical Release

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·····		
Cell Phone: ()	
	Phone ()	
	Phone ()	
5 to 15 only)		
Does child have any s	Does child have any serious health problems? (If yes, identify)	
ts) Include Name/Address/Tele	phone	
		No.
•		No
egal Guardian	Date	
at camp if different from	n parent:	
	Date:	
<u></u>		
	ts) Include Name/Address/Tele ce if deemed appropriate essary medical treatment egal Guardian licy #, membership, etc. or a pho	Phone ()