



Sugarloaf Farm

SUMMER CAMP MEDICAL RELEASE FORM

Camper's Name _____

Emergency Contact 1:

Name: _____

Relationship: _____

Home Phone: _____ **Cellphone:** _____

Work Phone: _____ **E-Mail:** _____

Emergency Contact 2:

Name: _____

Relationship: _____

Home Phone: _____ **Cellphone:** _____

Work Phone: _____ **E-Mail:** _____

Medical Information:

Primary Care Physician: _____

Phone Number: _____

Insurance Carrier: _____

Policy Number: _____

Policy Holder: _____

Relationship to Camper: _____

continued overleaf

Does your child have any medical conditions we should be aware of? No Yes – If Yes please detail below

Is your child currently taking any medications? No Yes – If Yes please detail below

Photo Release:

I understand that photos will be taken of campers for arts/crafts projects and will be made available to parents. I agree that photos may be used in the future by Sugarloaf Farm LLC for marketing/promotional purposes (which may include being posted on the Sugarloaf Farm website) without payment or any other consideration.

Covid 19 Precautions

I understand that even with all the precautions being taken by Sugarloaf Farm and its employees my child may get sick from this contagious virus, which is believed to be spread by person to person contact. I undertake to send my child to camp free of symptoms every day. Sugarloaf Farm has my permission to take my child's temperature, with a no-touch thermometer daily. I agree to assume all the risk and accept sole responsibility should myself, family members or my child fall sick. I will let Juliet know if my child falls sick in the two week period past my camp date for tracking purposes.

My child's average temperature is: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____