

CAMPER'S NAME: \_\_\_\_\_ SESSION ATTENDING: \_\_\_\_\_

**2012 GREEN MOUNTAIN RUNNING CAMP  
HEALTH & RELEASE FORM**

**► BRING THIS FORM WITH YOU TO CAMP ◀**  
**(You will not be admitted to camp without a completed and signed Medical form.)**

Gender: M / F    Date of Birth: \_\_\_\_\_    Age: \_\_\_\_\_    Weight: \_\_\_\_\_    Height: \_\_\_\_\_  
Address \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_  
Home Phone (    ) \_\_\_\_\_    Work Phone (    ) \_\_\_\_\_    E-Mail \_\_\_\_\_  
My phone number while named camper is at camp, if different from above (    ) \_\_\_\_\_  
Person to contact if I cannot be reached \_\_\_\_\_  
Phone number of emergency contact person (    ) \_\_\_\_\_

**HEALTH & GENERAL HISTORY**

If the camper will be taking medication at camp, please indicate name of drug and usage:

\_\_\_\_\_  
Please identify any medical condition or medical history that would require special attention:

\_\_\_\_\_  
I hereby certify that the named camper is in good health, adequately trained, and fully able to participate in all activities of GMRC. I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in the GMRC program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

**IMMUNIZATIONS**

**(List dates)**

Tetanus Toxoid \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_  
Measles \_\_\_\_\_  
Rubella \_\_\_\_\_  
Mumps \_\_\_\_\_

**ALLERGIES**

**(Yes / No)**

Hay Fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Eczema \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Other \_\_\_\_\_

**DRUG REACTIONS**

**(Yes / No)**

Sulpha \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Antibiotics (type) \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Other \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at Green Mountain Running Camp. My medical insurance shall be the insurance coverage for any medical treatment.

I understand that GMRC retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_