



**SUMMER CAMP MEDICAL RELEASE**

Insurance Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Group No. \_\_\_\_\_

In case of Emergency, contact (when parent is not available):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency involving my child and I cannot be reached, I hereby give consent to contact the following preferred medical care providers and hospital or such providers or hospitals as directed by emergency personnel, and authorize these providers and hospitals to give any reasonable and customary medical care. In addition, ESD is authorized by me, in its sole discretion, to take one or more of the following actions: 1) take my child to his physician described below; 2) take my child via car or ambulance to a hospital and give consent to medical care; or 3) release my child to any of the people listed above. ESD is not financially responsible for any medical care or transportation provided for or on behalf of my child.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital \_\_\_\_\_ Phone \_\_\_\_\_

My child has a history of the following (check all that apply):

Diabetes    Asthma    Anaphylaxis    Seizure    Allergies: \_\_\_\_\_

**All summer camp attendees must be able to provide a current immunization record, medical waiver or signed affidavit from the state of Texas upon request. Please check one:**

**My child's immunizations are up to date:    Yes    No**

I give consent for my child to have the following medications administered by school personnel, according to package instructions (check all that apply):

Ibuprofen    Acetaminophen    Benadryl    Sudafed

**Any other medications required to be administered during camp hours must be provided to the school in the original container and accompanied by the form titled Request for Administration of Medication found online at [www.esdallas.org](http://www.esdallas.org).**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

Scan and return the completed form to Mike Schneider, Physical Education Department Chair and Director of Summer Programs, at [schneiderm@esdallas.org](mailto:schneiderm@esdallas.org).