Hook Spit Junior Anglers Medical Release Form

I, _____, am the legal parent or guardian of the minor camper, _____, registered for Camp Hook Spit organized by Hook Spit Junior Anglers. In the event of a medical emergency, I authorize the camp staff to seek and consent to medical treatment for my child.

Child's Information:

Full Name: _____
Date of Birth: _____

Allergies/Medical Conditions:

_____
_____
_____
_____

Current Medications:

_____
_____
_____

Emergency Contacts:

Contact 1:
Name: _____
Relationship: _____
Phone Number: _____

Contact 2:
Name: _____
Relationship: _____
Phone Number: _____

Insurance Information:

Insurance Provider: _____ [Insurance Company Name]
Policy Number: _____
Group Number: _____

Medical Authorization:

I hereby authorize the Hook Spit Junior Anglers Staff, in the event of a medical emergency, to:

Secure and administer medical treatment deemed necessary for the well-being of my child.
Consent to any necessary X-rays, anesthesia, medical or surgical diagnosis, or treatment.
Release medical records upon request to medical professionals for the purpose of continuity of care.

Transportation Authorization:
I also authorize the staff to arrange transportation for my child to the nearest medical facility if deemed necessary.

Liability Release:

I understand and acknowledge that Hook Spit Junior Anglers and its staff will make reasonable efforts to ensure the safety and well-being of my child. However, I agree not to hold them liable for any injury, loss, or damage that may occur during the camp, including medical treatment authorized by this form.

Parent/Guardian Consent:

I have read and understood the contents of this release, and I voluntarily consent to its terms.

Parent/Guardian Signature: _____ Date: _____