

GSRI Summer Camp – Medical/Release Form

Camper's Name: _____ Age: _____ Birth date: ____/____/____ Entering grade: _____ in Sept. '10

Authorization to Release Camper:

If you cannot be reached in the event of an emergency please provide the names and phone numbers of a friend or relative whom we can contact and who may also pick up your child. This person will be required to provide a picture ID. Please use additional paper if necessary.

1. Name: _____ Relationship to camper: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Other: _____

2. Name: _____ Relationship to camper: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Other: _____

Medical Information:

Physician's Name: _____ Phone: (____) _____

Physician's Address: _____
STREET CITY STATE ZIP CODE

Health Insurance Company Name: _____ Policy #: _____ No Insurance

In order for GSRI to better serve your camper, please list any special needs or medical concerns that camp staff should be made aware of. These may include but are not limited to the selections below. This information will be kept confidential.

- Allergy Epi-Pen required Physical Disability Medication
 Mental Illness/Behavioral Concern Dietary Restrictions Other

If you checked any of the above, please explain: _____

I give permission to give acetaminophen (i.e. Tylenol) as deemed necessary by the camp health supervisor. Yes No

Is your camper under the care of a physician/psychologist/psychiatrist? Yes No

If yes, please explain: _____

Please list your camper's religious preference: _____

Parent Guardian Statement of Understanding/Release:

I give permission to the camper listed on this form to attend camp and participate in all activities. The information on these forms is true and correct to the best of my knowledge. I understand that the camp and the council are not responsible for personal items. I understand GSRI reserves the right to cancel this registration if full payment is not made two weeks prior to the start of the session. I understand that the deposit is not transferable and will not be refunded unless GSRI is unable to place this camper. I understand that if information listed on this form changes prior to the start of the session I will notify GSRI. I understand it is my responsibility to provide safe transportation arrangements to and from any and all camp events/activities. I understand that it is my responsibility to make sure my camper gets on the bus safely and is picked up when the bus arrives at the designated stop. GSRI is not responsible for my camper before pickup or after drop off. I understand every effort will be made to contact parents/guardians in the event of an emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, administer anesthesia, and/or perform surgery for my child. Camp authorities may take such emergency measures they deem appropriate, including transportation, and shall notify the parent/guardian listed as soon as possible.

I give my consent that any photographs or films taken of my camper during her camp session be used by GSRI or GSUSA for publicity purposes. Yes No

Parent/Guardian Signature: _____ Date: _____

Please complete this medical/release form and return it to GSRI at least two business days before the start of your first session or program via mail at GSRI, 125 Charles Street, Providence RI 02904 or via fax at (401) 421-2937

**Questions? Call our friendly summer camp registrars at
(401) 331-4500 ext. 1202, 1204 or 1205 OR (800) 331-0149 ext. 1202, 1204 or 1205.**