

Camp Good Grief 2019

Saturday, April 6th



Camper Release Form

Camper's Name: _____

Camper's nickname (if any) _____

Address: _____ City _____ Zip _____

Date of Birth _____ Age _____ Sex (circle one): Male Female

Emergency Contact Information:

Parent/Guardian's Name: _____

Contact Number for the Day: _____

If guardian, relationship to camper: _____

In case of emergency and parent/guardian is not available, please contact:

Name: _____ Relationship: _____

Contact Number for the Day: _____

Please check all that apply:

Allergic to insect bites

Emotional Problems

Allergies (please list below*)

Epilepsy

Asthma

Diabetes

Special dietary needs

Wears contacts

Wears glasses

*ALLERGIES: _____

Are there any medications your child is currently taking? If so, please list name of medication and the medical condition it is being taken for: _____

I, _____, hereby grant permission for my child to be treated by the registered nurse on site for any minor injuries sustained during *Camp Good Grief*. I acknowledge that if the nurse on duty deems the situation more serious than he/she is comfortable treating, Emergency Medical Services (911) will be called.

Signature: _____ Date: _____

A reporter/photographer from the local newspapers may visit *Camp Good Grief*. We will not allow any child to be interviewed without a parent or guardian present. Additionally, a camp volunteer will take photographs of camp activities for use in various marketing materials and on social media. Please indicate your preferences concerning interviews and photographs from the choices below:

NO, my child may not be included in any photographs.

YES, my child may be included in photographs and his/her name may be used to identify them in the photographs.

NO, my child may not be interviewed.

YES, my child may be interviewed for and identified in an article in the paper.

Parent/Guardian Signature: _____ Date: _____

Please return release and application to
Hospice of Rockingham County no later than March 15th, 2019
PO Box 281, Wentworth, NC 27375, Fax: (336) 427-9030,
or email hospicerc@triadbiz.rr.com