

**CAMP HOPE KIDS' 2019
MEDICAL FORM**

ALTERNATE CONTACT: (In case of an emergency and you cannot be reached.)

Name/Relationship: _____

Home Phone:-----_Day Phone:-----

ALLERGIES:

(Please write "none" if no allergies.) _____

MEDICATIONS: List below, with doses and times.

(Please write "none" if child does not take any medication.) _____

MEDICAL CONDITIONS:

(Please write "none" if no medical conditions exist.) _____

I hereby certify that my child is in good health and has my permission to participate in Camp Hope Kids' Day Summer Camp 2019 Programs. I also agree to indemnify and hold harmless Hope United Methodist Church, and any contractual staff from and against any all liability.

Print Name: -----

Parent/Guardian Signature: -----Date: -----

I agree to allow the use of my child's photograph for program publicity on the Hope United Methodist Church website or future informational pamphlets.

Print Name: -----

Parent/Guardian Signature: -----Date: -----