



MENDHAM BOROUGH DAY CAMP MEDICAL RELEASE/WAIVER

6 West Main St., Mendham, NJ 07945

Tel: 973-543-7152, ex. 12 Fax: 973-543-7202



Make sure you return this document with all of your paperwork.

- If there are any changes that need to be made to the health form after you have submitted the form to camp, please provide the change in writing and it will be added to your document.
- **NO PHYSICAL EXAM OR DOCTOR'S SIGNATURE IS REQUIRED.**

Staff Member's Name _____

Address _____

DOB _____ Age _____ Height _____ Weight _____

PLEASE CIRCLE WHICH NUMBER TO CALL FIRST

Home Phone () _____ Home email : _____

Name Parent 1: _____ Work #: () _____ Cell #: () _____

Name Parent 2: _____ Work #: () _____ Cell #: () _____

Staff member lives with whom? _____

EMERGENCY CONTACT, in the event that neither parent/guardian can be contacted.

Name: _____ Relationship to staff member: _____

Home # () _____ Cell # () _____ Work # () _____

INSURANCE INFORMATION (In case of emergency, this information will be required at any medical facility.)

Name of insurance company _____

ID# _____ Group # _____

Name of Policy Holder: _____ Relationship to staff member: _____

Name of Staff Member: _____
Last _____ First _____
Gender: _____
M/F _____

MEDICINE DISPERSMENT: We are only able to administer emergency medications, specifically: Epi-Pens, Benadryl (for anaphylactic allergies), and inhalers.

ALLERGIES/HEALTH ISSUES: Do you have any of the following issues? If you answer "yes," please describe below the allergy/issue the reaction seen. Attach any action plans for the Medical Director's records.

Do you have any food allergies?
If yes, to which food(s)? And describe the reaction seen? _____

**STAFF MEMBERS WITH SEVERE FOOD ALLERGIES ARE EXPECTED TO BRING IN THEIR OWN FOOD
FOOD WILL BE SAFELY STORED BY CAMP STAFF. We cannot guarantee that any area at camp is allergen-free.**

Do you have any serious insect sting allergies?
If yes, please describe the reaction seen? _____

Do you have a latex allergy?
If yes, please describe the reaction seen? _____

Do you have asthma?

If yes, please describe the reaction seen? _____

Do you have a history of seizures?

If yes, please describe the reaction seen? _____

Do you have diabetes? ?

If yes, please describe the reaction seen? _____

OTHER: ,

Are there any other physical or mental conditions of which our Medical Director should know? If so, please describe below.

RELEASE OF LIABILITY & AUTHORIZATION FOR TREATMENT:

I recognize and acknowledge that there are certain risks of physical injury to staff and campers and I agree to assume the full risk of any injuries, damages or loss, regardless of severity, which my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with Mendham Borough Day Camp. I agree to waive and relinquish all claims my minor child/ward or I may have against Mendham Borough and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge the Mendham Borough and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the Mendham Borough and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). I hereby give permission to Mendham Borough Day Camp to provide first aid treatment for minor injury or illness and to provide and arrange for emergency treatment of other illnesses. In the event of any emergency, I authorize the Mendham Borough Day Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes the transporting of my child by ambulance, if necessary, to the nearest medical treatment facility or to the hospital, if I am unable to be reached first. I give permission to Mendham Borough Day Camp to photocopy this form to accompany camper for medical treatment and for trips off campgrounds.

If under 18 years of age:

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME OF PARENT/GUARDIAN

DATE

If over the age of 18:

SIGNATURE OF STAFF MEMBER

PRINTED NAME OF STAFF MEMBER

DATE