

# Medical Release Form



Camper Name: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Contact Information: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I am / my child is of good health and suffers from no condition that would prevent me / them from participating in this camp.

I authorize Aguiar Kicking Academy staff to seek medical attention and treatment for myself / my child in the event of a medical emergency.

Camper's Signature: \_\_\_\_\_

Parent's / Legal Guardian's Signature: \_\_\_\_\_  
(if camper is under 18 years of age)