

**YMCA of the Ozarks/Camp Lakewood 2012
5th Grade Trip
Student Medical Release and Authorization**

I, _____, am a parent of _____, a 5th grade student at Forest Park Elementary School. By separate form, I have given permission for my child to attend YMCA/Camp Lakewood in Potosi, Missouri May 2-4, 20012. By my signature, I permit any of the adult chaperones to obtain emergency medical treatment for my child. I understand that I shall be notified of treatment beforehand unless circumstances dictate that time is of the essence, and in that event, I shall be notified as soon as possible.

Primary Contact: Parent or Guardian

Name _____ Address _____

Phone _____ work _____ cell _____

Secondary Contact: (other than parent)

Name _____ Address _____

Phone _____ work _____ cell _____

Primary Insurance Co. _____

Group/Policy# _____

Please photocopy both sides of insurance card for our records.

Family Physician Name _____ phone _____

Please elaborate on **any medical conditions** of which we should be aware:

Any **medications** currently being taken:

Any **allergies**: