



## Emergency Medical and Release Form

Please fill out this form with your child's most current medical information. Please complete a separate form for each child attending Goshen College Summer Camps. Thank you.

### Emergency Contact Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Rising Grade \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Emergency) \_\_\_\_\_

### Medical Information

Check any that apply and elaborate. Please attach extra explanation if necessary.

- |  |   |
|--|---|
| <input type="checkbox"/> Food Allergies          | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Heart Trouble        |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Seizures             |
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Other                |

Comments

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# Release Form

## Photo Release

I hereby grant permission to Goshen College, and its employees, agents, and assignees, the right to photograph my child or use their picture for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition. I release Goshen College, its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

Yes, I do.

No, I do not.

## Field Trip and Field Experience Release

I hereby grant permission for my child to participate in field trips and offsite field experiences for the duration of Summer Camp. Parents will be informed of all trips off site in advance.

Yes, I do.

No, I do not.

## Liability Release

I believe the information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my child's participation in this summer camp sponsored by Goshen College.

I hereby grant permission for my child to take part in this Summer Camp sponsored by Goshen College. I also agree, on behalf of myself or my child, not to make any claims of any kind against Goshen College or any of its employees or agents for any loss or injury that my child might sustain while engaged in the Summer Camp program. I authorize such physician or medical staff as Goshen College may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well-being of my child.

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Signature of Parent/Guardian

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Date

**PLEASE NOTE: In order to finalize your registration, complete and sign the medical form and return to the address below prior to or on the day of camp. Your child may not attend camp without a completed emergency form.**

Goshen College  
Attention: Conferences & Events Office  
1700 S. Main St.  
Goshen, IN. 46526  
events@goshen.edu