

## AMYN Summer Camp Medical Release Form

Should it be necessary for my child to have medical treatment while participating in the respective cooking class/program, I hereby give the camp leaders permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the camp leaders to render medical treatment deemed necessary and appropriate by the physician.

Student Name: \_\_\_\_\_

Class & Date(s) Attending: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Contact Person Other than Parent/Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Food Allergies and Dietary Restrictions:

A 72-hour advance notice must be given listing any food allergies or dietary restrictions. We cannot guarantee modifications will be made.

Does the child have a dietary restriction or an allergy to any food or medication? Y / N

If Yes, explain:

Does the child have any behavioral conditions that may conflict with the class? Y / N

If Yes, explain:

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_