

# Fort Bend County Kids and Cops Summer Camp Medical Consent and Release Form

I give my permission for my child,  to attend the Fort Bend County Kids and Cops Summer Camp sponsored by the Fort Bend County Sheriff's Office. To my knowledge, my child does not have any medical problems or conditions that would prevent participation in any program activities. I release Fort Bend County Kids and Cops, Inc. and all other camp sponsors of any and all liability for any injuries that might occur. I understand that every reasonable precaution will be taken to protect my child's safety and well being while he/she is participating in camp activities.

I understand it is my responsibility to check with my private physician regarding any existing medical problems that my child might presently have that would be a deterrent to his/her participating in the physical aspects of the program. I will inform the staff at camp of any medical problems my child has at the present.

In the event of a medical emergency related to my minor child (listed below), I hereby request Fort Bend Kids & Cops, Inc. contact me at the telephone number listed below. In the event that I, or my spouse, cannot be contacted, I hereby give my written consent to any hospital, to render whatever emergency medical treatment necessary, until I, or my spouse, can be contacted.

Please complete all of the following information and sign below:

NAME OF CHILD	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>
MEDICATIONS TAKEN	<input type="text"/>		
ALLERGIES	<input type="text"/>		
SPECIAL MEDICAL PROBLEMS	<input type="text"/>		
DATE OF LAST TETANUS SHOT	<input type="text"/>		
CHILD'S HOME ADDRESS	<input type="text"/>		
HOME PHONE#	<input type="text"/>	PARENT'S WORK#	<input type="text"/>
CHILD'S PHYSICIAN	<input type="text"/>	PHONE#	<input type="text"/>
MEDICAL INSURANCE CO.	<input type="text"/>	POLICY#	<input type="text"/>

### AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT:

PARENT OR LEGAL GUARDIAN (print) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Date