

NazJam 2002
Medical/Civil Liability Information and Release Form

PLEASE PRINT CLEARLY

Your child must have a medical check-up within 10 months of the camp date.

Date of medical check-up _____ Date of last tetanus shot _____

Doctor's name _____

City _____ State/Country _____

Doctor's 24-hour telephone number(s) _____
_____ U.S. citizens include area code. Non-U.S. citizen include country code)

Medical conditions or activity restrictions _____

List allergies (food, medicine, insect, environment) _____

What type of allergic reaction does the person have? _____

Is medication required for an allergic reactions? No _____ Yes _____ Medication name _____

Is the child/adult currently taking medication? No _____ Yes _____ If yes, please complete:

Name/Type of Medication _____ Reason for Medication _____ Dosage Instructions: _____

Emergency Contact People

Name _____ Relationship _____

Telephone number (Day and Evening) _____

I, _____, the legal guardian of _____ (child's name) authorize the leadership of the NazJam 2002 and the NazJam 2002 doctor/nurse to care for the administration of first aid treatment for any minor injuries my child receives during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of NazJam 2002 Doctor/nurse or Bonita Park Camp to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, and volunteer workers of the NazJam 2002 from any and all claims, suits, costs and actions of any kind whatsoever arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature _____

Insurance Company _____ Policy Number _____

This liability release is valid during NazJam 2002, July 15-19, 2002, and travel to and from NazJam 2002.

County _____ State/Province _____ Country _____

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 200____, personally appeared _____ and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

Notary Public:

Commission Expires: