

2010 Champions Cow Camp

JULY 6-7, 2010

Hosted By

Heritage Cattle Company

Medical Release Form

Name: _____

Birth date: _____

Gender: _____

Social Security Number: _____

Parent Name: _____

Parent Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

List any medications the child will be taking at camp:

Medical Insurance Carrier: _____

Insurance Policy Number: _____

Please List any dietary restrictions: _____

Please list any other pertinent health information: _____

*****Authorization for treatment: I, _____ hereby give permission to Judd or Gayla Cullers to order x-rays, routine tests, treatment, and to provide or arrange related necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Judd or Gayla Cullers to secure and administer treatment, including hospitalization, for the named person above.**

Parent Signature: _____ Date: _____