

# WAY COOL SUPERKIDS MEDICAL RELEASE FORM

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In emergency Notify \_\_\_\_\_ Phone

#1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Allergic to** \_\_\_\_\_ **Any**

medical needs \_\_\_\_\_

\_\_\_\_\_

**Medication presently being used** \_\_\_\_\_ **Limitations or**  
**restrictions while at Superkids** \_\_\_\_\_

*In case of emergency, I understand that every effort will be made to contact me. if I cannot be reached, i hereby give Way Cool Superkids permission to act on my behalf in seeking emergency treatment for my child in the event the representatives of the science camp deem such treatment necessary. i give permission to those administering emergency medical treatment to do so, using those measures deemed necessary. I absolve Way Cool Superkids and their designated representative from liability on my behalf.*

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

*(Please bring this form completed and signed on the first day of camp! If your child is attending multiple camps, only ONE form is needed. Please bring it to the FIRST Camp they attend.)*