

MEDICAL RELEASE FORM
CGN Grand Camp/Christ Haven Lodge

Camper Name (grandchild): _____

Home Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian Contact: _____

Email: _____

Other Emergency Contact: _____ Phone: (____) _____

Please note any pre-existing conditions, physical limitations, allergies, or other medical history for this child that will be important for us to know.

Are there any activities in which this child should NOT participate? No Yes: Explain

AUTHORIZED Medications and/or treatments:

As a parent or legal guardian of the above named camper, I hereby authorize _____, grandparent(s), to perform or approve any necessary medical services and aid, including the supervision of medications and treatments for existing conditions as listed on this form for my child while in their company, and as participants in all the activities of the **Christian Grandparenting Network Grand Camp program at Christ Haven Lodge, Florissant, Colorado, from _____, 2008 to _____, 2008.**

Signed: _____ Date: _____
Parent or legal guardian

A signed copy of this form for EACH child participating in a Grand Camp MUST be provided to CGN on or before arrival at camp. A signed copy must also remain in the possession of the grandparents authorized to supervise this camper.