



Health Form
The Grammar School Summer Camp
2017

Child's name _____

Child's age _____ Child's weight _____

Name of parent(s)/guardian(s) _____

Primary phone number(s) _____

Work phone number(s) _____

Other phone number(s) _____

Email address(es) _____

As a parent or guardian of a minor participant in The Grammar School's Summer Camp, I hereby Indemnify and Hold Harmless The Grammar School, its Trustees, instructors, and employees for all awards, legal fees, expenses, or settlements arising out of the child's participation in The Grammar School Summer Camp. I certify that my child is in good physical health.

Signature of parent or guardian _____
Date

In the event of an emergency requiring medical treatment, I give permission for _____
to be treated at Brattleboro Memorial Hospital. It is school practice to call 911 and notify parents/guardians in the case of an emergency.

Signature of parent or guardian _____
Date

Child's physician _____
Physician's phone number

Person to contact if parent cannot be reached _____
Phone number of contact person

Is your child allergic to bee stings? _____ Date of last tetanus
shot: _____

(If yes, an EpiPen must be provided along with doctor's orders.)

Please list any other allergies your child has: _____

Please list any medications your child takes: _____

Is there anything else we should know about your child? (Please use the reverse side of this sheet if needed.)

