



**Health Form**  
**The Grammar School Summer Camp**  
**2018**

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 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.)

\_\_\_\_\_

\_\_\_\_\_