

LOWER MICHIGAN YOUTH CAMP
July 21-24, 2025 9084 Maple Rd, Birch Run, MI 48415
Medical Authorization and Release Form

Child's Name _____

Date of Birth _____ Sex M F

Parent/Guardian Name _____

Parent/Guardian Address _____

Phone Number (home) _____

Phone Number (other) _____

Name of Child's Physician _____

Phone of Child's Physician _____

Health Insurance Company _____

Policy and/or Group No. _____

Allergies or Special Health Considerations:

Medical Release

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Date _____

Parent/Guardian's Signature

Liability Release

I give permission for my child to attend Lower Michigan Youth Camp activities. I release Lower Michigan Youth Camp and individuals from liability in case of accident during activities related to the camp, as long as normal safety procedures have been taken.

_____ Date _____

Parent/Guardian's Signature