

**FLORIDA COLLEGE MISSOURI SUMMER CAMP
CAMPER MEDICAL RELEASE**

In conjunction with the medical history that was provided as a part of the online registration form, and that will be requested prior to camp,

I HEREBY AUTHORIZE PHYSICIANS AND NURSES AND ASSISTANTS OF THE LOCAL HOSPITAL TO PERFORM ALL TREATMENTS AND PROCEDURES AS ORDERED AND DEEMED NECESSARY IN CASE OF AN EMERGENCY UPON:

Please include a copy of the front and back of applicable insurance cards.

Please list below the names of campers attending FCMO camp:

Camper #1 Full Name

Camper #1 Social Security Number

Camper #2 Full Name

Camper #2 Social Security Number

Camper #3 Full Name

Camper #3 Social Security Number

Camper #4 Full Name

Camper #4 Social Security Number

Camper #5 Full Name

Camper #5 Social Security Number

Camper #6 Full Name

Camper #6 Social Security Number

Parent/Guardian Signature, Relationship to Camper

Date Signed