

JR. GRANGE CAMP MEDICAL PERMISSION FORM

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

CHILD MUST BRING THIS COMPLETED FORM TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED PERMISSION FORM.

We give permission to attend the Jr. Grange Camp named below and agree not to hold the Washington State Grange or camp staff and directors responsible for losses, injury or accidents at camp or enroute to and from camp. This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for necessary treatment and services. We further give the camp permission to take my child to the doctor or hospital for emergency medical treatment.

Camper's Name _____

Birthdate: _____ **Circle one**
Boy / Girl

Mailing Address: _____

City: _____ State: _____ Zip: _____

We must be able to contact someone in case of emergency.

Phone Number: (_____) _____

Second (emergency number (REQUIRED) (_____) _____

MEDICAL INFORMATION

Insurance Carrier: _____

Policy # _____ Group # _____

Allergies: _____ Date of Last Tetanus Shot _____

Health/Diet Restrictions: _____

Medications: _____

Problems we should be aware of: _____

Family Doctor: _____ Phone: (_____) _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Camp Name: _____

Parent or guardian must sign this form. No one else is to sign the permission form.

JR. GRANGE CAMP REGISTRATION FORM

REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN

Please detach this section and send as registration with check for camp fee. See back of this form for registration fees and an address to mail this form.

Camper's Name _____

Birthdate: _____ Age: _____ **Circle one**
Male / Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

We must be able to contact someone in case of emergency.

Phone Number: (_____) _____

Second (emergency number (REQUIRED) (_____) _____

If possible, I would like to be in a cabin with: _____

Name of adult who will pick up child: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Camper must check out with camp director or designee before leaving camp.

Camp Name: _____

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

Amount Enclosed: \$ _____

COMPLETE IF KNOWN:

Sponsoring Grange or Grange Member: _____

Grange Number: _____ County: _____

BRING THE COMPLETED MEDICAL PERMISSION FORM (AT LEFT) TO CAMP. NO CHILD WILL BE ALLOWED TO REMAIN AT CAMP WITHOUT A SIGNED MEDICAL PERMISSION FORM.

By signing this form, I give permission for my child to go on an off-site field trip. I also give permission to publish photographs of camp activities that include my child.

2017 JUNIOR GRANGE CAMP INFORMATION



Camp Mayfield

July 2-8, 2017

Registration Fee:

\$175 if received before June 19,
\$200 after June 19.

Mail registration forms to:

Camp Directors/Registrar

Jennifer Oliver

3307 128th Street East

Tacoma, WA 98446

jenandmarv@yahoo.com

(253) 906-6078 / (253) 906-6075

Make checks payable to:

Mayfield Junior Grange Camp

