

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 2019 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: _____ Age: _____ ^{circle one} Boy / Girl

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: _____ Male ___ Female ___

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: _____

Phone: () _____ - _____

Cell Phone: () _____ - _____

E-mail: _____

Camper must check out with camp director or designee' last day of 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 we give permission for our child to go on an off-site field trip. We also give permission to publish photographs of camp activities that include our child.

2019 Jr. Grange Camp Information

CAMP NEWA

WHO: For ages 9-14

WHEN: July 21—July 27, 2019

REGISTRATION FEE: \$175

** Early bird registration fee if received by July 1st: \$150**

MAIL REGISTRATION FORM AND FEE TO:

Kendra Meeker

2727 E. 53rd Ave. Apt D203

Spokane, WA 99223

FOR INFORMATION CALL: (509) 830-0965

CHECKS PAYABLE TO: NEWA Jr. Grange

ARRIVAL TIME: Sunday, July 21st, 2PM to 4PM.

CHECKOUT TIME: Saturday, July 27th, no later than 10AM.

-No check-in prior to 2PM-

-No meals are provided before/after those times-

