### 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 #	
1 oney #	_ Gloup #	
Allergies:	Date of Last Tetanus Shot	
Health/Diet Restrictions:		
Madications		
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. GRANCE CAMP REGISTRATION FORM

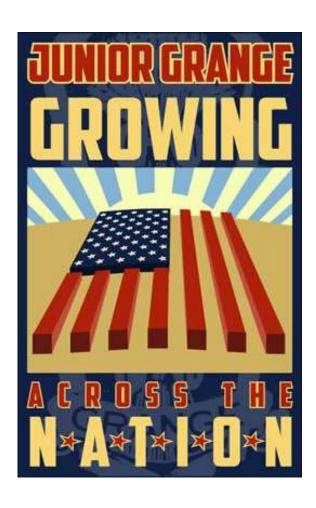
#### \*REGISTRATION FORM MUST BE COMPLETED BY PARENT OR GUARDIAN\*

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 o		
Second (emergency number (R	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 de	signee before leaving camp.
Camp Name:		
*MUST BE SIGNED	D BY PARENT OR LEG	GAL GUARDIAN*
Signature:		Oate:
Amount Enclosed: \$		
	OMPLETE IF KNOWN	
Sponsoring Grange or Grange I	viember:	
Grange Number:		
BRING THE COMPLETED MEDICA WILL BE ALLOWED TO REMAIN A	AT CAMP WITHOUT A	•

<sup>\*</sup>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 128<sup>th</sup> Street East Tacoma, WA 98446

jenandmarv@yahoo.com (253)906-6078/(253) 906-6075

### Make checks payable to:

Mayfield Junior Grange Camp

