

## MEDICAL RELEASE

My son, \_\_\_\_\_ has permission to attend Wynncliff Father-Son Camp (FSC) in Cleveland, Wisconsin. In the event of a medical emergency, I further give consent to the administration of first aid, his transfer to a medical facility and the administration of treatment deemed necessary by such facility. I understand that every reasonable effort will be made to contact me in the event of an emergency at the following telephone number(s):

\_\_\_\_\_

I hereby release the staff of Wynncliff FSC and Wynncliff, Inc. from liability for actions that may be taken as a result of this authorization.

Parent signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Please list any medical conditions you would like to make us aware of that are not listed on the Camper Health History Record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_