

Medical Release Form
Walking on Water Surf Camp

Personal Data

Full Legal Name _____
Social Security Number _____
Home Address _____
City/State/Zip _____
Telephone _____
Date of Birth _____

Health Emergency Information – Emergency Contact

In case of emergency please notify _____
Relation to camper _____
Telephone HM _____ **WK** _____ **Cell** _____
Current Health Insurance Company _____
Policy # _____
Family Physician _____
Physician's telephone _____
Any medical conditions the WOW staff needs to be aware of
(allergies, medications, etc....) _____

***Please include a photocopy of your insurance card.**

Important Please Read Before Signing

The undersigned hereby grants permission to the Walking on Water Camp Staff to access necessary emergency medical attention in case of injury and/or illness.

Parent/Guardian Signature _____ **Date** _____

