



**SCEF Summer Music & Fine Art Camp 2024  
Parent/Guardian (or Student if over 18)  
Release and Health Form**

**Student's Information:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian (IF UNDER 18) or Emergency Contact (IF 18 OR OVER):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2nd Emergency Contact:**

Name: \_\_\_\_\_

Relationship to Student under 18: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN THE EVENT OF A MEDICAL EMERGENCY,  
STUDENT WILL BE TAKEN TO AN APPROPRIATE HOSPITAL.**

**HEALTH INSURANCE INFORMATION**

Please **include** a copy of the student's Insurance ID Card and current vaccinations

Allergies (Environmental, Food, etc.): \_\_\_\_\_

Any Allergies to Medications: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

List Any/All Existing Medical Conditions: \_\_\_\_\_ ]

\_\_\_\_\_

List Medications, Dosage, Frequency: (Indicate: **Self**-Administered or **Staff** Administered)

\_\_\_\_\_

\_\_\_\_\_

**SIGN BELOW (OR ON REVERSE)**

**PARENT/GUARDIAN (IF STUDENT IS UNDER 18)**

**(see below for students 18 and over)**

I, the undersigned as the parent/guardian of \_\_\_\_\_, a minor, request that they be admitted to participation in the SunCliff Educational Foundation Summer Camp. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff and Suncliff on the Lake and the Suncliff Educational Foundation from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the camp, or in the course of completion and/or activities held in connection with the camp.

I verify that \_\_\_\_\_ (Student) has medical insurance, attached, and is physically able to participate in the Summer Camp. I hereby authorize the director of the camp to act on my behalf according to their best judgment in any emergency requiring medical attention, or in any routine medical care of an injury/accident. I, the registrant parent or guardian, will assume responsibility for any emergency or medical service that may be required during the course of the camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STUDENTS 18 AND OVER**

I, the undersigned student \_\_\_\_\_, request that I be admitted to participation in the SunCliff Educational Foundation Summer Camp. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff and Suncliff on the Lake and the Suncliff Educational Foundation from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving myself arising from my attendance at the camp, or in the course of completion and/or activities held in connection with the camp.

I verify that I have medical insurance, attached, and am physically able to participate in the Summer Camp. I hereby authorize the director of the camp to act on my behalf according to their best judgment in any emergency requiring medical attention, or in any routine medical care of an injury/accident. I, the registrant, will assume responsibility for any emergency or medical service that may be required during the course of the camp.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_