



Summer Camp

Medical Release



I do hereby grant permission to Junior Achievement of Middle Tennessee and their respective agents and employees to secure such medical aid and hospital services as they deem necessary for the child noted on this form in the event he/she should sustain injury or illness while attending a summer program. I agree to assume the cost for transport and medical treatment in such an emergency situation.

I have also indicated below any medical information of which Junior Achievement should be aware in consideration of the child's physical and mental well being.

Student Information

Student Name _____

Parent Signature _____ Date _____

Family Doctor _____ Phone _____

Special notes (allergies, other health conditions)

Family Health Care Information

Insurance carrier _____ Group Name _____

Policy Number _____ Group Number _____

**Send Camp Registration, Medical Release and Payment to:
Junior Achievement of Middle Tennessee
Attn: Summer Camp
120 Powell Place
Nashville, TN 37204**