

Rocky Mountain Stoa Camp Medical Release Form

Student Name: _____

Date of Birth and Age: _____

Parent/Legal Guardian Names: _____

Emergency Contact: _____

Medical Insurance: Bring your medical insurance card or a copy (both sides) with you.

Company: _____

Group Number: _____

List any information that would be helpful should we need to seek medical assistance:

List any medications your student is taking currently: _____

List any allergies to food, medication, environment, insects, etc: _____

Describe student's reaction:

What protocol is to be followed if your student comes into contact with an allergen?

RMS Camp has my permission to sign for/administer any medical treatment they deem necessary for my child while in their care from July 28 through August 2, 2025.

Parent/Legal Guardian Signature _____

Date _____