

## RELEASE OF MEDICAL INFORMATION

### for Camp Bruce McCoy

**(parent/guardian or camper fills out & returns to BIAV)**

As required by Camp management staff, I hereby give permission for Dr. \_\_\_\_\_  
(camper's physician) to release information relevant to \_\_\_\_\_ (camper) as it  
relates to his/her participation in Camp Bruce McCoy.

I also give permission to Camp medical staff and Dr. Nathan Zasler to contact Dr.  
\_\_\_\_\_ (camper's physician) if there should be any medical concerns regarding  
\_\_\_\_\_ (camper).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*(If no parent/guardian signature of camper)*

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_