

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 _____