

Emergency Medical Release

Liberty Valley Ranch Camps 2011

In the event of medical emergency, I, _____ (*print parent/adult's name*),
authorize permission for Liberty Valley Ranch staff to seek appropriate needed medical treatment for
_____ (*print participant's name*).

Participant's Physician: _____ Physician's Phone: _____

Location: _____

Any known allergies or health concerns (*please explain*): _____

Insurance Provider / Policy Number: _____

Policy Holder's Name: _____ Relationship to Participant: _____

Emergency Contact Person: _____ **Phone:** _____

Alternate Emergency Contact: _____ **Phone:** _____

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____ Date: _____

Photo Release

I, _____ (*print parent or guardian's name*), authorize permission for Liberty Valley
Ranch staff to use any complimentary photo in future ranch flyers/publications. Liberty Valley Ranch
will not use names or any personal information with any photos used.

Parent/Adult Signature _____ Date: _____



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