

# Emergency Medical Release

## Liberty Valley Ranch Camps 2010

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: \_\_\_\_\_

|  |                     |
|--|---------------------|
| <b>Emergency Contact Person:</b> _____ | <b>Phone:</b> _____ |
|--|---------------------|

|   |                     |
|---|---------------------|
| <b>Alternate Emergency Contact:</b> _____ | <b>Phone:</b> _____ |
|---|---------------------|

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:** \_\_\_\_\_



**4301 HAYES TOWER ROAD, GAYLORD MI 49735**