



MEDICAL RELEASE FORM

**COERVER® Coaching of Colorado
P.O. Box 4946
Englewood, CO 80155
E-MAIL: coervercolo@comcast.net**

Camper Name _____ Date of Birth _____

Street, City, State & Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Emergency Contact Person _____ Phone _____

My Insurance Company is: _____

Policy or Group Number: _____

Our Physician is: _____ Phone _____

Should the Camper be restricted in any way? Please describe in the space below.

Medications which Camper is bringing to Camp: _____

I hereby grant my permission to administer, and accept any financial responsibility for any and all medical attention necessary to be administered to my child/ward, in the event of an accident, injury, sickness, etc., while attending the Coerver Coaching Camp. Any representative of the Coerver Coaching Camp is designated to act in my behalf until I have been contacted.

SIGNATURE (Parent/Guardian)
