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Ascension Day Camp



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<https://www.facebook.com/AscensionDayCamp/>

Medical Release Form

Camper's Name _____ Date of Birth _____ Age _____

Male _____ Female _____ Grade completed as of June 2025 _____

Parent or Guardian _____ Phone _____

Parent or Guardian _____ Phone _____

Doctor's Name _____ Phone _____

Does your child have any allergies? _____

Is your child currently on any medications? Yes _____ No _____

If "yes", please list specific medication and what it's for: _____

Are all immunizations currently up to date? Yes _____ No _____ If "no" please explain _____

Chronic or recurring illnesses? _____

Conditions that require activities to be restricted? _____

Any conditions that require special consideration/accommodations? _____

Appliances worn? (glasses, contacts, etc.) _____

Operations or serious injuries and dates? _____

Any past serious or contagious illnesses? _____

In the case of a medical emergency when I cannot be reached please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I am the parent/legal of _____ and do hereby give my permission for any medical treatment deemed necessary in case of an emergency. I give authority for Ascension Lutheran Church to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Name _____ Signature _____

Relationship _____ Date _____