



HEALTH FORM

Full Name: _____

Date of Birth: _____ Grade: _____ Sex: _____

Address: _____

E-Mail: _____

First Contact Name: _____ Phone: _____

Second Contact Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

CONSIDERATIONS

(allergies, afflictions, restrictions, medications, etc)

PARENT AUTHORIZATION FOR EMERGENCIES

This information is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities, except as noted on this form. In the event of an **EMERGENCY**, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

SIGNATURE _____

DATE: _____

AUTHORIZATION FOR MEDIA and KEY REPLACEMENT

I give ACE permission to use my child's name and likeness in the promotional material including but not limited to the ACE website and other electronic media. Furthermore, if my child does not return his or her room key during the Check-Out period, I will pay a nonrefundable \$100 Key Replacement Fee.

SIGNATURE _____

DATE: _____