



# Maine ACE Camp Inc Medical Release Form

In the event of an emergency, I hereby authorize any physician to initiate any medical attention as deemed necessary.

I also understand that I will be contacted immediately after medical attention is taken care of.

I certify that my child is in good physical health **except** as stated below:

**Known allergies or health problems we should know about: (Food, Physical, Mental, Emotional)**

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Current medication or prescription drugs: \_\_\_\_\_

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Primary Care Physician: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Student health insurance plan: \_\_\_\_\_

**Plan Number:** \_\_\_\_\_

**\*Students must be enrolled in a medical/accidental insurance plan.**

Each Parent/Guardian signature(s):

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Date \_\_\_\_\_

Any Special Instructions;