

**HACKMATAACK PLAYHOUSE**  
538 School Street, Berwick, ME 03901  
207-698-1807

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**CAMP MEDICAL RELEASE FORM**

Camper's Name (s) \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name (or Guardian) \_\_\_\_\_  
Father's Name (or Guardian) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Contact Phone Numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact phone number:

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Name	Relationship	Phone
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**INSURANCE INFORMATION**

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<b>Insurance Company</b>	<b>Group #</b>	<b>ID #</b>	<b>Cardholder Name</b>
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Allergies \_\_\_\_\_  
Other specific medical information Hackmataack should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for Hackmataack Playhouse staff or appointees to administer first aid and basic medical care to my child as needed; as well as permission to transport my child to the nearest hospital in case of emergency.

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Parent or Guardian Signature	Print Name	Date
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