

Dear Parents,

All participants in the Trekkers/Teen Tour Travel Camps must have a medical release form signed by a parent or legal guardian before they will be allowed to participate in the program.

Please fill out this form completely, and return immediately to the Center Day Camps Registrar's Office. Your son/daughter's supervisors on their field trips take these forms everyday.

Thank you for your cooperation.

Sincerely,

Forest Levy
Center Day Camps Director

Child's Name _____

I hereby give permission the Jewish Community Center of Metropolitan Detroit to secure medical and/or emergency surgical treatment for the above named minor child while in their care. Non-emergency treatment or elective surgery is not included in this authorization.

Signature of Parent/Guardian: _____
Home Phone: _____ Mom's work # _____
Mom's cell: _____ Dad's work: _____
Dad's cell: _____

Emergency Contact if Parent (s)/Guardians cannot be reached: _____

Physician Preferred	Address	Phone#	Office Hrs.
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Hospital Preferred for Emergency Treatment _____

Health Insurance Information:	Contract #	Group #
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Please circle camp your child is attending
Trekkers Teen Tour