

**TRAPEZE HIGH LLC  
3275 NORTH BROADWAY  
ESCONDIDO, CA 92026**

**MEDICAL RELEASE FORM FOR MINORS**

(FOR THE PARENTS/GUARDIANS)

The completion of this form authorizes and **grants my permission for any medical treatment needed by doctor, by clinic, by hospital, and/or by emergency means for my minor child while attending the Trapeze High day camp.**

My permission is granted for \_\_\_\_\_ (print child's name) who is attending day camp for the dates of \_\_\_\_\_.

I also assume responsibility for any and all medical expenses incurred by any treatment given my child including, but not limited to, medications, hospital charges, and transportation charges affiliated with child's care.

\_\_\_\_\_  
(PARENT/GUARDIAN DATE

\_\_\_\_\_  
(PARENT/GUARDIAN DATE

Minor child's doctor \_\_\_\_\_  
Phone \_\_\_\_\_

**EMERGENCY CONTACT NUMBER**

cell \_\_\_\_\_ home \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP**

1. \_\_\_\_\_  
Name Phone

2. \_\_\_\_\_  
Name Phone

3. \_\_\_\_\_  
Name Phone

4. \_\_\_\_\_  
Name Phone