



## Warbird Camper Information and Medical Form

**FILL OUT AND GIVE TO INSTRUCTOR ON FIRST DAY OF CAMP  
FORM NOT REQUIRED FOR CAMPERS ENROLLED ONLINE**

Camper's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the names of individuals besides yourself who are authorized to pick up your child from camp.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Day camp activities conclude at 3:50 PM. Please pick your child up by 4:00. Late pickups subject to \$15 per 15 minute late pickup fee and/or removal from Aviation Camp program.

ORAL MEDICATION must be given to camper's Instructor. Prescription medications must be in the original bottle with a valid expiration date.

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Medication Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Special Restrictions or Precautions:

\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned, as parent/guardian of \_\_\_\_\_, a minor, do hereby authorize the Military Aviation Museum as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain in effect for one week from this date: \_\_\_\_\_ unless sooner revoked in writing and delivered to said agent(s).

We hereby give permission for my/our child to attend the Military Aviation Museum Aviation Camp program at the designated locations, including field trips.

I give the instructional staff permission to take any necessary action in the event of an emergency.

Parent/Guardian (Print Name) \_\_\_\_\_

Signature/ Date: \_\_\_\_\_