



## EUREKA CAMP '11 MEDICAL INFORMATION RELEASE FORM

**Attention Parents: Please sign and include with the Medical Questionnaire Form.**

TO: \_\_\_\_\_  
Specify name of Doctor

RE: \_\_\_\_\_  
Name of Child

I have made application for my child to attend Eureka Outdoor Camp; a camp for children and adolescents with learning disabilities and associated disorders.

**The objectives of the camp are:**

1. To develop recreational and social skills so the camper can better integrate into activities at home and in his/her community.
2. To raise the camper's level of self esteem and self confidence by encouraging responsibility and successful experiences.
3. To develop basic skills by integrating problem solving into "real life" situations.

The information requested on the attached questionnaire as well as information from formal assessments will assist in developing a comprehensive understanding of my camper and providing appropriate care.

I would appreciate your help in completing the attached form and sending it back to me.

I also give my permission for you to discuss my child's application with a representative of Eureka Outdoor Camp if this is necessary.

Thank you for your help.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date