

2355 Old Penitentiary Road
Boise, ID 83712
Tel. (208) 343-8649
Fax (208) 343-3601
Toll free 1-877-527-8233
Email: info@idahobotanicalgarden.org
Website: <https://idahobotanicalgarden.org>



Summer Nature Camp Medical Release Form

Camper's Name _____ Home Phone Number _____

Complete Mailing Address _____

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Address (if different from above) _____

Parent/Guardian Home Phone _____ Work Phone _____ Cell Phone _____

Person to Notify in Case of Emergency _____

Emergency Person Contact Information (If Different From Above): _____

Doctor to Notify in Emergency _____ Phone _____

Hospital Preference, if any _____ City _____

List any medical problems or conditions camper has (include allergies) _____

Family Insurance Information

Insurance Company _____ Child's Birth Date _____

Address _____ City/State/Zip _____

Subscriber Name _____ Group Number _____

Subscriber Number _____

Subscriber Complete Address (If different from above) _____

As parent/guardian of the above-named minor, I hereby consent to any and all medical care as may be prescribed by a physician in the event of illness or injury. Further, I hereby waive for myself and said minor any and all claims against Idaho Botanical Gardens, Inc. arising out of or relating to participation by said minor in activities at the Idaho Botanical Garden.

Signed _____ Date _____