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Web: [idahobotanicalgarden.org](http://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) \_\_\_\_\_

**No, photographs of my child may not be used to promote the Idaho Botanical Garden.**

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 \_\_\_\_\_