



## Medical Release Information

This Medical Release Information form is to be filled out and sent by parent(s)/guardians to the Child's physician.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Present Age: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

An application for enrolment has been made on behalf of the above named for Tamarack Foundation, Camp Tamarack, a summer camp for learning disabled Children and Teens.

This form authorizes you to provide the Tamarack Foundation with information they request on the attached medical information form, plus any other information that may assist them to develop a comprehensive understanding of our Child so their committee may make a decision concerning the appropriateness of their services for our Child.

PLEASE NOTE: IT IS CRITICAL FOR THE INTAKE COMMITTEE AND STAFF TO HAVE AS MUCH COMPREHENSIVE INFORMATION AS POSSIBLE, PARTICULARLY CONCERNING MEDICAL ASSESSMENTS AND PRESENT OR PAST ILLNESSES SUCH AS MENINGITIS, CEREBRAL PALSY, EPILEPSY, SENSORY DEFICITS OR OTHER CHRONIC OR PROGRESSIVE DISEASES.

This complete report should be forwarded, as soon as possible, directly to:

Tamarack Foundation – 510 Cynthia Street - Saskatoon, Sask. - S7K 7L7

Thank you for your assistance, \_\_\_\_\_

Signature of parent/guardian