



**Hunter Crest Farm, Inc.**  
**Emergency/Contact/Medical Information**  
1026 Silver Run Valley Road, Westminster, MD 21158  
Phone: 410 346-7244

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Emergency Contact Name/Phone in event of emergency:**

Name: \_\_\_\_\_  
(Relationship to you) \_\_\_\_\_  
Known Allergies or Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information** (\*a copy of health insurance card is required for verification.)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Employed by \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Group Name \_\_\_\_\_  
Identification # \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
List any medications or other medical concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:** I hereby authorize any medical treatment deemed necessary in the event of any injury while on Hunter Crest Farm premises. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I also give permission for Brad Fincher, or their designee summer program manager, to administer prescription medications as prescribed by a physician.

I have received, read and fully agree with the foregoing terms, conditions and responsibilities.

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Camper or Parent/Guardian (Printed)

\_\_\_\_\_

Camper or Parent/Guardian (Signature)

\_\_\_\_\_

Date

\_\_\_\_\_