

Last Name \_\_\_\_\_

# CAMP CHRISTMAS 2024

## FAMILY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female *Circle One*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In the event of a medical emergency, if the school is unable to notify me or a temporary caregiver(s), I hereby authorize the Camp Director or Director designee to have my child transported to a clinic or to a hospital for emergency treatment. I will be responsible for all costs incurred.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_ Company \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

**MEDICAL ALERT INFORMATION** (i.e., allergies, medical conditions, handicapping conditions)

\_\_\_\_\_  
\_\_\_\_\_

## FAMILY AND CAMPER INFORMATION

**Father's/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Employer \_\_\_\_\_

**Mother's/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Employer \_\_\_\_\_

Local person to contact if parent(s) are not available: \_\_\_\_\_ Phone # \_\_\_\_\_

Camp Seven Rivers has my permission to release my child to the persons listed below for transportation or to assume temporary care or responsibility of my child in case of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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