

**SUMMER CAMP**  
**PERMISSION FOR MEDICAL TREATMENT**

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If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital emergency unit. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require a **Permission to Treat Statement** and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency. Thank you for your cooperation.

CAMPER NAME: \_\_\_\_\_

Family/Child Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical center or clinic used: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent/Guardian Phone Numbers: (all that apply)

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Alternate Contact (relative or family friend that we may contact if we can't reach parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Health concerns the camp leaders should be aware of (e.g. allergies to medicine, asthma, etc):

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

Medications to be administered on trip/event/camp: (Must be supplied in original prescription container with child's name clearly visible on container): \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give my permission for emergency transport and medical treatment to be administered to him/her by a physician or other certified emergency personnel.

\_\_\_\_\_ Permission effective until: \_\_\_\_\_  
Date Parent or Guardian Signature Date

**For Camp Administration Only:**

Week of: \_\_\_\_\_ Week of: \_\_\_\_\_

Week of: \_\_\_\_\_ Week of: \_\_\_\_\_