



Emergency Information, Permission to Treat and Consent for Participation

Camper Name: _____ DOB: _____

Allergies: _____ Epi-Pen: Y N

Medical History: _____

Medications: _____

PCP: _____ PCP Phone: _____

GUARDIAN AUTHORIZATION FOR PARTICIPATION (Required for those under age 18): The above child has permission to participate in all Camp activities, many of which are conducted in an outdoor environment which contain some level of risk, except as noted by myself and my physician. I understand that my child cannot attend if he/she is not feeling well or has been exposed to a communicable disease. On arrival day, camp medical personnel have the right to refuse to admit campers who display symptoms of illness or disease.

Parent/Gaurdian (Print): _____

Parent/Guardian (Signature): _____ Date: _____

PERMISSION TO TREAT: We/I (parent/guardian name) hereby give permission to Camp W and its authorized agents in the event of illness or accident to our/my child, _____, to secure emergency medical, dental, or surgical services/treatment for him/her/them. We hereby give permission and authorize Camp W, its authorized personnel or agents, and those physicians, practitioners, and surgeons enlisted by the school, to give, administer, and render any treatment or aid, including anesthesia or surgery, as necessary to protect, preserve and safeguard our/my child's life and/or health. We/I further authorize Camp W through its Health Services personnel to release information to facilitate the medical or surgical care of our/my child and, as is necessary, to facilitate the release of information for the completion of a claim for health insurance. We/I release Camp W from any financial responsibility for the above-referenced treatment.

Parent/Gaurdian (Print): _____

Parent/Guardian (Signature): _____ Date: _____

Insurance

Insurance Provider: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder DOB: _____

Emergency Contact (other than Parent/Guardian)

Name: _____

Relationship: _____

Phone Number: _____

Address: _____