



A Child Becomes...

SUMMER CAMPS

Emergency Medical Release

Student Information

Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Parent / Guardian Information

Name	Phone

Alternate Contacts / Authorized for Pickup

Name	Phone

Special circumstances/allergies regarding my child you should be aware of:

Consent for Emergency Treatment of a Minor (required)

I, _____, being the parent and/or legal guardian of
_____, a minor child, do hereby authorize a licensed, qualified physician to provide
necessary care to said minor deemed essential to said minor's health and well being. In the event that surgery is
necessary, I authorize a licensed surgeon to perform surgery that is deemed necessary by two licensed physicians.

Please Sign and Date (required)

Parent /Guardian _____ Date _____

Doctor's Name _____ Phone _____
(required) (required)

Hospital Preference _____

Health Insurance Carrier _____ Policy/Group # _____