

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities. I hereby give permission to the camp to provide routine health care and seek emergency medical treatment, if needed. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Signature of parent or guardian: _____

Printed Name _____ Date _____