

# PERMISSION TO TREAT AND INSURANCE INFORMATION



CAMP DUDLEY

This form must be signed every year.

The health history submitted for \_\_\_\_\_ Camper # \_\_\_\_\_ to Camp Dudley is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining health care provider. I give permission to the health care provider selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for this child. I understand the information on the Camper Health History Form will be shared on a "need to know" basis with camp staff. I give permission to photocopy the Camper Health History Form and Health Care Provider Recommendation Form. In addition, Camp Dudley has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the camp staff about my child's health status. I give permission to Camp Dudley to provide or arrange necessary related transportation.

The person named above understands and agrees to abide by any restrictions, which may be placed on participation in activities.

Camper/Aide/JL/AL/Leader/Staff Printed Name \_\_\_\_\_

Camper # \_\_\_\_\_

18+ Signature \_\_\_\_\_ Date \_\_\_\_\_

**If Camper/Aide/JL/AL/Leader/Staff is under the age of 18, we require a parent or legal guardian signature:**

Parent/Legal Guardian Printed Name \_\_\_\_\_

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

## Insurance

Please include a copy (front & back) of your insurance card with this form along with the primary card holder's date of birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year