



# Camp Alphie



## Medical Consent Form

You must complete a form for **each** camper.

The undersigned parent or legal guardian of \_\_\_\_\_  
hereby grants permission to the medical staff of Camp Alphie to:

1. Administer routine care and medication to my child as well as any emergency care as required.
2. Obtain admission of my child to any clinic hospital or other such facility.
3. Consent on behalf of myself and my child to all medical procedures, treatment and services.

I understand that transportation to medical facilities may be in a staff vehicle, or ambulance, if needed.

I further understand I will be notified as soon as possible in the event of an emergency.

I also give permission to the medical staff to have release of medical information to the camp physician for assisting in the care of the camper.

**Parent/Guardian Signature:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_