

# SAMPLE FORM

Connecticut Statute 19-13-B27a(m)

(Residential Camps ONLY)

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## CAMP HOSPITAL AGREEMENT FOR EMERGENCY MEDICAL CARE

This is to acknowledge that \_\_\_\_\_ will provide emergency  
(Name)

medical services to the staff and clients of \_\_\_\_\_  
(Camp)

located in \_\_\_\_\_.  
(Town)

The Hospital also acknowledges and fully understands the information and arrangements provided by the camp as stated below:

1. Dates that the camp will be in session:
2. Name of the camp's on-call physician(s):
3. Person responsible for emergency medical care at the camp:
4. How the camp intends to contact the Hospital in an emergency:
5. How emergency transportation will be provided to the Hospital:
6. What kinds of medical records the camp will forward to the Hospital in an emergency:
7. Camp's insurance carrier for its clientele:
8. Camp's insurance carrier for Workmen's Compensation:
9. Any other special arrangement of information that is necessary:

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Camp Director

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Executive Officer of Hospital