

Camper's Emergency Medical Authorization

Name of Camper: _____ Date of Birth: _____

Name of Parent (s) or Guardian: _____

Home Address: _____, _____, _____
Street City Zip

Mother's Work Address: _____ Phone#: _____

Father's Work Address: _____ Phone#: _____

The Parent(s)/ Guardian authorizes A Child's Place at Hollin Hall, to provide immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/ her child or ward if emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only when he/ she expects to be notified immediately. I authorize emergency medical personnel to transport my child to a medical facility to receive immediate medical attention.

1.) I will be responsible for payment of medical care expenses _____

2.) Medical Treatment costs are covered by:

o Blue Cross/ Blue Shield Policy Number: _____

o Medicaid Coverage Number: _____

o Other – Name of Medical Insurance: _____

Policy Number: _____

3.) No Insurance: (please initial) _____

Camper's Physician or clinic attended: _____

Camper's Allergies (if any): _____

Camper's Doctor: _____ Phone#: _____

Family Doctor: _____ Phone#: _____

Medications camper is taking:

Last Tetanus Shot: _____

Outstanding Medical History (i.e. diabetes, heart disease): _____

Signature: _____ Date: _____