



CONSENT AND AUTHORIZATION FOR MEDICAL CARE

This form must be on file prior to the start of camp.

My child (full name) _____ has permission to attend ROCK CAMP, July 25 – July 29, 2011 at Charles Wright Academy. In the event that my child requires emergency medical attention, I give consent for emergency treatment at a hospital, doctor’s office, or by emergency services providers.

In case of emergency, please contact:

1) Parent/Guardian Name _____ Home phone _____
Cell phone _____
Work phone _____

2) Parent/Guardian Name _____ Home phone _____
Cell phone _____
Work phone _____

If parents/guardians cannot be reached, please contact:

1) Name/Relationship _____ Home phone _____
Cell phone _____
Work phone _____

2) Name/Relationship _____ Home phone _____
Cell phone _____
Work phone _____

Please provide health insurance information

Medical insurance Company _____ Subscriber’s name _____

Subscriber ID number _____

Physician’s Name _____ Physician’s Phone Number _____

Known allergies or medical conditions _____

Medications _____

Parent/Guardian signature _____

Date _____