

CAMP JULIETTE LOW

Parent-Daughter Weekend

MEDICAL AND EMERGENCY INFORMATION

Name _____

Please list relevant medical conditions or allergies for each member in your party:

Name	Allergies	Medical Conditions

Emergency contact: Name _____

Phone number _____ Relationship _____

Hospitalization Insurance Co. _____

Policy #: _____ Group #: _____

PERMISSION TO TREAT FOR MINOR GUEST

Please have this portion of the form signed if you are bringing a child with you without her parents.

Name of child _____

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medication; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signed _____

Relationship _____ Date _____