

Camp Alphie  
**Medical Consent Form**

*(Please complete a form for EACH camper. Incomplete forms will be returned.)*

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; and
- 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.

\_\_\_\_\_  
WITNESS SIGNATURE (non-related adult)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date