SIXTH GRADE OUTDOOR EDUCATION CAMP

Student Emergency Treatment Release Form

Emergency Treatment Permission:

I give the camp chaperones permission to secure routine health care, administer prescribed medications, and seek emergency medical treatment including ordering X-Rays or routine tests for my child _____.

I agree to the release of any medical records necessary for insurance purposes. I give permission to the camp to 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 to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for trips outside the camp.

Parent/Guardian Signature: _____ **Date:**_____

Insurance Company: _____

Policy #: _____

Hospitalization Company: _____

Policy #: _____

Emergency Contact:

Child's Name: _____ Date of Birth: _____

School: _____ Teacher's Name: _____

Parent Name: _____ Parent Name: _____

Home Phone #: _____ Home Phone #: _____

Business Phone #: _____ Business Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Family Doctor's Name: _____

Doctor's Phone #: _____

Person to Contact if Parent cannot be reached:

Name: _____ Relationship: _____

Phone Number#: _____ Cell Phone#: _____