

**MEDICAL AUTHORIZATION AND AGREEMENTS SIGNATURE FORM**

**Parents: Please read carefully and have you and your child's doctor sign where indicated.**

**Signed forms are due by the first day of camp.**

The child's medical conditions as stated on the medical form are complete and correct. **At any time during my absence, I hereby authorize and instruct the Day Camp staff to administer first aid, and to arrange for medical care and treatment in case of a medical emergency.** I also authorize any medical personnel selected by the camp director or designee to perform x-rays, routine tests, injections, anesthesia, surgery, and any other medical services necessary to protect and preserve the health and life of my child. Should such treatment require hospitalization, I hereby give permission to have my child admitted to any appropriate facility. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. I understand that every reasonable attempt will be made to contact me by telephone should such an emergency arise.

I have read, understand and agree to follow the **carpool** procedures on the camp website. I understand that if I do not follow the procedures, or the person picking up or dropping off my child does not follow the procedures, my child will not be able to participate in the Day Camp program.

I will apply **sunscreen** to my camper each morning before camp and direct my child to re-apply sunscreen each time he/she is told to do so by camp staff. The camp may use sunscreen on my child if my child does not have his/her own sunscreen.

The camp groups go on **trips** to nearby locations such as the beach or a hike in the local mountains. The younger groups may go on a picnic at a local park or visit the fire station. For each event, an information slip will be sent home with all the details. My child has permission to participate in camp field trips.

I understand that if my camper misses more than **six days** of camp, he or she may not be considered a "returning camper" for the purposes of admission next year.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Examination by a Licensed Physician**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have examined the child named above. It is my medical opinion that this child

**can participate**       **cannot participate**    in a physically active summer camp program.

Are there **any restrictions** to be observed in the participation of any camp activities (hiking, swimming, field games)?

**YES**       **NO**

If **Yes**, please specify (attach additional pages if necessary): \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_