

EMERGENCY MEDICAL
2008 Experience Earth Day Camp

RETURN with Registration

Purpose: To enable parents and guardians to authorize provision for emergency treatment for children who become ill or injured while attending Experience Earth Day Camp on July 9-11, 2008. Treatment will be provided by state certified EMTs and child may be transported to nearest hospital in the event of serious illness or injury. Parent or Guardian will be notified if serious illness or injury occurs. Minor illness or injuries will be reported to Parent or Guardian upon pick-up of child.

Child's Name _____ **Date of Birth** _____

GRANT CONSENT

In the event reasonable attempts to contact the following have been unsuccessful,

Contact Name	Relationship to Camper	Phone #

I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

Preferred Physician	Dr.	Phone:
Preferred Dentist	Dr.	Phone:

or in the event the preferred practitioner is not available, treatment by another licensed physician or dentist, and,

(2) the transfer of the child to _____ or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies (food, medication, insects, etc.), medical conditions (asthma, diabetes, etc.), medications presently being taken, and/or any physical impairments to which a physician should be alerted:

**Please be sure to indicate allergies to bee stings (and bring sting kit each day).*

Date _____ Parent's/Guardian's Signature _____

REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken, or to:

Date _____ Parent's/Guardian's Signature _____