Parent/Guardian Authorization for Health Care:

The health history I provided is correct and accurately reflects the health status of thecounselor to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on the medical form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I understand that I will be responsible for payment of all medical and medication bills.

In case I refuse to follow the camp medical staff diagnosis and treatment plan, and if in the opinion of Camp medical staff the refusal constitutes a risk to the child's health, the child will be dismissed and I understand I must make arrangements to have the child picked up immediately.

Counselor's name(s): _____

Parent/Guardian signature: _____ Date: _____

CAMP SHOMRIA
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