

Wahoo Parks and Recreation Department
SUMMER CAMP PROGRAM
CAMPER INFORMATION SHEET & MEDICAL TREATMENT AUTHORIZATION

Medical Authorization for: _____
(Name of Camper)

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize the staff of the Wahoo Parks and Recreation Department, into whose care the above-named have been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the staff of the Wahoo Parks and Recreation Department to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This procedure is to be used ONLY in an EMERGENCY, when said parents/guardians or emergency contacts listed on this camper information form cannot be or are unavailable to be contacted.

(Parent/Guardian Signature) (Date) (Parent/Guardian Signature) (Date)

CAMPER INFORMATION:

CHILD'S NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	CITY/STATE/ZIP: _____
MOTHER/GUARDIAN: _____	ADDRESS: _____
HOME PHONE: _____	WORK PHONE: _____
FATHER/GUARDIAN: _____	ADDRESS: _____
HOME PHONE: _____	WORK PHONE: _____

EMERGENCY CONTACTS:

(Try to include someone who usually knows your whereabouts.)

NAME: _____	RELATIONSHIP TO CHILD: _____
ADDRESS: _____	PHONE: _____
NAME: _____	RELATIONSHIP TO CHILD: _____
ADDRESS: _____	PHONE: _____

PERSON(S) AUTHORIZED TO PICK UP CAMPER:

UNDER NO CIRCUMSTANCES WILL THE CAMPER BE RELEASED TO ANYONE NOT LISTED ABOVE WITHOUT PROPER AUTHORIZATION FROM PARENTS/GUARDIANS.