

Camp Pristava 2018
CAMP PRISTAVA EMERGENCY MEDICAL AUTHORIZATION
JULY 9 – 15, 2018

_____, as parent(s)/guardian of _____, a minor, grant authority to Shawn Skale and to the Staff of Camp Pristava to seek medical care, if necessary, for _____ should he/she become ill or injured while he/she is in their custody and care the week of July 9 - 15, 2018 at Camp Pristava, Harpersfield, Ohio, and I consent to necessary medical treatment by the physician/dentist to whom my child is presented for medical care. The Camp Staff may give either aspirin, Tylenol, Aleve, Motrin, or other over-the-counter products for aches, pains, rashes, and other ailments as well as care for cuts and bruises. If a camper has a fever, they will be sent home for a minimum of 24 hours. **We are requesting that a parent / guardian stay within a drivable distance of camp in case an emergency arises.** In the event a parent is away, you must designate a guardian that can be called in the event of an emergency. A camper can only be picked up by a parent or guardian listed on this form.

Date of birth _____. Age: _____. He/She is in good health. State medical history and any allergies, medical or otherwise, medications being taken, and any physical impairment:

Date of last tetanus _____

Are Contacts worn? _____ Retainers? _____ Dentures? _____

Pediatrician: Dr. _____ Office telephone # is _____

Dentist: Dr. _____ Office telephone # is _____

Medical insurance is _____. The Identification # is _____

Group # is _____. It can be contacted at _____ or _____

Father: _____ can be contacted at: Cell _____

Home Phone _____ Work Phone _____

Mother: _____ can be contacted at: Cell _____

Home Phone _____ Work Phone _____

Guardian: _____ can be contacted at: Cell _____

Home Phone _____ Work Phone _____

Guardian/Emergency Contact – relation to camper _____

Dated this ____ day of _____, 2018.

Father

Mother

!!! PHOTOCOPY YOUR MEDICAL INSURANCE CARD AND ATTACH !!!
PLEASE FILL OUT A MEDICAL AUTHORIZATION FORM FOR EACH CAMPER
ATTENDING.