

Camp Pristava 2019

CAMP PRISTAVA EMERGENCY MEDICAL AUTHORIZATION

JULY 8 – 14, 2019

\_\_\_\_\_, as parent(s)/guardian of \_\_\_\_\_, a minor, grant authority to Ally Kolaric 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 8 - 14, 2019 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.**