



Authorization for Consent to Medical Treatment of Minor Child

(TO BE COMPLETED FOR ALL CAMPERS)

If your camper needs emergency medical care and you and your noted emergency contact person are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your camper, we ask that you complete and return this EMERGENCY CONSENT FORM prior to your camper's summer session.

I/we hereby authorize the Baker Summer Discovery Camp Staff to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Signature of parent/guardian(s) _____

Date signed _____

Child's full name: _____ Child's date of birth: _____

Child's physician: _____ Child's dentist: _____

Any allergies to specific drugs or foods? _____

Any known environmental allergies? _____

Medications child is currently taking (if applicable): _____

Important medical history: _____

Date of last tetanus immunization: _____

Blood type (if known): _____

Home address of parent/guardian: _____

Parent/guardian telephone # _____ Cell # _____

Emergency contact (other than parent/guardian): _____

Telephone: _____ Cell: _____

Primary Medical Insurance Carrier _____

Member's Name _____

ID# _____ Group # _____

Primary Dental Insurance Carrier _____

Member's Name _____

ID# _____ Group # _____