

EMERGENCY CONTACTS/PICK-UP LIST (other than parents)

Name _____ Tel# _____

Name _____ Tel# _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I / we hereby give permission for my / our child to receive emergency medical treatment in the event that I / we cannot be contacted.

Signature Date

Signature Date

MEDICAL INFORMATION

Health Card Number _____

Doctor's Name _____

Doctor's Address _____ Tel # _____

Does your child have any medical conditions or allergies that we need to be aware of?

Please describe _____

What action must be taken if an allergic reaction occurs or a symptom of the medical condition occurs? _____

SIGNATURES

I/we agree to allow my child(ren) to participate in all camp activities. I/we give camp officials authority to act on my/our behalf in case of emergency. I/we consent to Golden Ridge using the camper's photograph for publicity purposes.

Mother's Signature Father's Signature Date