

Sandlot Sports Camp

Emergency Medical Authorization

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under camp authority, when parents or guardians cannot be reached.

Camper's Name: _____ Date of Birth: _____

Guardian's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

I give permission for my child to participate in the Sandlot Sports Camp and acknowledge that participation carries a risk of injury.

SIGNATURE OF LEGAL GUARDIAN: _____ Date: _____

CONSENT TO TREATMENT: *In the event that reasonable attempts to contact the above-mentioned have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:*

1. Preferred Physician: _____ Phone: _____

2. Preferred Dentist: _____ Phone: _____

3. M.D. Specialist: _____ Phone: _____

Please list any allergies or medical conditions:

Food Allergies: _____ Medicine Allergies: _____

Insect Allergies: _____ Is EPIPEN Required? Yes: _____ No: _____

Other Health Concerns: _____

Current Medications: Name: _____ Dosage: _____ Frequency: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the emergency necessity for such surgery, are obtained prior to the performance of such surgery.

I attest that the camper is currently insured under a health/medical insurance plan offered by the following insurance provider:

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____