

*EMERGENCY CARE AUTHORIZATION*

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Camper's Full Name

Date of Birth

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Child is allergic to the following medications

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Date last Tetanus Shot

Child is taking the following medications

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Child is diabetic or has other chronic condition or major illness

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Name of primary care physician and phone number

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For your child's comfort and safety, please indicate any special conditions we may need to know about (allergies, medical prescriptions, recent injuries or illnesses, etc.; use additional paper if necessary)

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Parent/Guardian Name

Home Phone

Cell Phone

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Work Phone

Other Phone

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Emergency Contact if Parent/Guardian cannot be reached

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Relationship to child

Phone



*EMERGENCY CARE AUTHORIZATION*

I, the undersigned give permission for caring for the above named child to 1452 Foundry LLC. I hereby authorize the 1452 Foundry LLC to sign for medical treatment of my children between the following dates:

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From To

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Parent Signature Date

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Witnessed By Phone

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Address

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Health Insurer Policy Number

