



# 2012 EDDIE's Mid-Winter Break Camp

## Medical Authorization Form

This form must be received  
1 week prior to the start date of the camp in which your child is enrolled.

Camper Name: \_\_\_\_\_

Name of Parent/Guardian responsible for completing this form for the camper:

(Print Name): \_\_\_\_\_

Your Signature: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

PLEASE CONTACT ME AT THE FOLLOW NUMBERS IN CASE OF EMERGENCY

Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

List two alternate people who can be contacted if your child becomes sick and we can not reach you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

In the event reasonable attempts to contact me at the above phone numbers are unsuccessful, I give consent for the administration of any treatment necessary by:

Preferred Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

In the event my preferred practitioner is not available I authorize treatment by another licensed physician or dentist: YES NO

In case the above emergency contacts can not be reached, I authorize transfer to:

\_\_\_Palmetto Healthy Richland \_\_\_Palmetto Health Baptist \_\_\_Providence Hospital \_\_\_Lexington Medical Center

OR

\_\_\_I do not give my consent for emergency medical treatment for my child.

OR

\_\_\_In the event of illness or injury requiring emergency treatment, I wish the museum authorities to take no action.

Activity restrictions: \_\_\_\_\_

List any other special needs your child has: \_\_\_\_\_

If your child has food allergies make sure to bring an alternate snack for your child.

Note: Camps may expose children to nuts, fruit and / or chocolate

END of DOCUMENT

Mail to: EdVenture Children's Museum, 211 Gervais St, Columbia, SC 29201 or fax to (803) 779-3144