



EdVenture *it's your world*

2010 EDDIE's Spring 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***