

Red Green Blue Camp 2012

Health Care Authorization Form

Part 1: Contact Information

Child's Name: _____

Date of Birth: _____

Parent/Legal Guardian's Name(s): _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Cell Phone: _____

Part 2: Emergency Permission

In case of severe medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of students. In the event that time will not allow or I cannot be reached, I hereby give permission to Red Green Blue to seek and authorize necessary medical treatment for the above named student.

Signature of Parent or Guardian

Date

Part 3: Medical History

If your child will be taking any medications while at Red Green Blue, please list the name of the medication and dosage:

Please list any allergies:

Please list any other pertinent information regarding the child's medical history:

Part 4: Emergency Contacts

Name

Relationship to Child

Phone Number(s) / E-mail
