2010 SUMMER CAMP
LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN:

I_____ (the natural parent or legal guardian)
Print

hereby give permission that my child, _____
First Middle Last
may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Name_____ _____ _____
Signature Relationship Date

Witness_____ Date _____

Student Home Address _____ _____ _____ _____
Number and Street City State Zip Code

Emergency Phone Numbers: Home Phone _____

_____ _____ _____
Name Relationship Phone Number Cell Phone

_____ _____ _____
Name Relationship Phone Number Cell Phone

_____ _____ _____
Name Relationship Phone Number Cell Phone

Insurance Company_____

Policy/Membership Number_____ Group #_____

Policy Holder Name _____

Employer Name _____ Phone Number _____

Employer Address_____ _____ _____ _____
City State Zip Code

Allergies_____