



Nature Adventure Camp

Consent for Medical/Surgical/Care/Emergency Treatment

IN PRESENTING MY CHILD FOR DIAGNOSIS AND TREATMENT

Name: _____ for _____
(Mother, father, Guardian) (Camper)

Of _____ years of age: hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

We / I hereby give my consent to John Fishback to arrange for routine or emergency medical / Surgical / dental care and treatment necessary to preserve the health of my child.

We / I acknowledge that I / we are responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____
Address _____

Telephone Numbers:	Name of Health Insurance Carrier
1. Days: _____	_____
2. Evenings _____	_____
3. Other _____	Group/Plan#

Child's allergies, if any _____
Other conditions or restrictions we should be aware of: _____

Current Medications _____

Signature of Parent or Guardian _____
Date _____