

Permission to Treat

This is a mandatory form. Camp Shaw-Waw-Nas-See will not accept a camper without the completion of this form. You will lose your registration fee and your camper will not be permitted to stay at camp if this form is not received prior to your child's session. Please fill it out and return to camp immediately.

Name of Camper _____ Camp Session: _____
 Age: _____ Birthday: _____ Gender: M F (please circle)

I hereby give permission to the medical personnel selected by Camp Shaw-Waw-Nas-See's director to provide routine health care; to administer prescribed medications; and to administer emergency treatment for my/child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention the representative of the camp is considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities, and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This complete form may be photocopied for trips out of camp.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Name (printed) _____ Date: _____

Emergency Contact 1 : _____ Phone #: _____
 Emergency Contact 2 : _____ Phone #: _____