Camp Shaw-Waw-Nas-See

Permission to Treat

This is a mandatory form that Camp Shaw-Waw-Nas-See must have on file for each camper who attends our camp program(s). Please complete this form and bring it to Camp Shaw-Waw-Nas-See when dropping off your camper.

Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Camp Dates in which your camper is attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age of Camper: \_\_\_\_\_\_\_\_\_\_\_   
Birthdate of Camper: \_\_\_\_\_\_\_\_\_\_\_  
Gender of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
I hereby give permission to the medical personnel selected by Camp Shaw-Waw-Nas-See’s camp director to provide routine health care, to administer prescribed medications, and to administer emergency treatment for my camper. This includes, but is not limited to, X-rays, routine tests / treatment, and/or hospitalization. I also give Camp Shaw-Waw-Nas-See permission to arrange necessary related transportation for my camper. I 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 Camp Shaw-Waw-Nas-See 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 Shaw-Waw-Nas-See 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 Shaw-Waw-Nas-See activities. If the person herein is a minor I will provide information to Camp Shaw-Waw-Nas-See 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 Shaw-Waw-Nas-See.   
  
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Emergency Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_