

SUMMER CAMP PERMISSION FOR MEDICAL TREATMENT



If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital emergency unit. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require *Permission to Treat Statement* and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency.

CAMPER NAME: _____

Family/Child Physician: _____ Phone: _____

Medical center or clinic used: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip code: _____

Parent/Guardian Phone Numbers: (all that apply)

Home: _____ Work: _____

Cell phone: _____ Other: _____

Alternate Contact (relative or family friend that we may contact if we can't reach parent/guardian)

Name: _____ Phone: _____

Relationship: _____

Health concerns the camp leaders should be aware of (e.g. allergies to medicine, asthma, etc):

NOTE: Please list physical, emotional, behavioral issues our staff will need to know about. If your child needs special attention or services in a school, she/he will likely have those needs at camp as well. We will work with parents/guardians to address special needs.

Medications to be administered on trip/event/camp: (Must be supplied in original prescription container with child's name clearly visible on container): _____

I, _____, the parent/guardian of _____ give my permission for emergency transport and medical treatment to be administered to him/her by a physician or other certified emergency personnel.

_____ Permission effective until: _____
Date Parent or Guardian Signature Date

Return to:
Maine Robotics
30 Main Street, #1
Orono, ME 04473

